

# NOT AN OFFICIAL DOCUMENT



APPLICATION FOR LICENSE, PERMIT, OR MISCELLANEOUS BOND - Indiana

STATE FARM FIRE AND CASUALTY COMPANY

Home Office, Bloomington, Illinois 61710

- New  Renew, Rewrite, Change from Bond Number: \_\_\_\_\_
- Sole Proprietor  Partnership  Corporation  Limited Liability Company  Joint Venture  Other

1. Name exactly as it is to appear on the bond as Principal: **VALHALLA CONSTRUCTION LLC**

Address: **8015 W 126TH PL** **CEDAR LAKE**

Number and Street City or Township  
**LAKE** **Indiana** **46303**  
 County State/Province ZIP/Postal Code

Telephone number: **(708) 833-1308**  H  B  C Married:  Yes  No Spouse's Name: **AMANDA DREIZLE**

2. Amount of bond: **\$ 5,000.00** Effective date: **July 19, 2023**

3. To whom payable (Obligee): **The Board of Commissioners of the County of Lake, 2293 North Main st Crown Point**  
Obligee Name and Mailing Address

**Obligee Name and Mailing Address (IF OBLIGEE REQUIRES ITS OWN BOND FORM, PLEASE PROVIDE)**

4. Type of surety bond required: **CONTRACTOR**  
(e.g., sales tax, utility, plumber's, etc.)

5. Is applicant applying for a utility/deposit bond?  Yes  No If yes, please provide the following:

- a. Service location: \_\_\_\_\_
- b. Date of hook-up: \_\_\_\_\_

6. Is applicant applying for a lost/defective title or mileage tax bond?  Yes  No If yes, please provide the following:

| Year | Make | Model | Vehicle Identification Number | Body Style |
|------|------|-------|-------------------------------|------------|
|      |      |       |                               |            |

7. Description of business: **HOME REMODELING**

a. Number of years in this business: For self: **0** For others: **0** Date this business started: **July 19, 2023**

b. If you have been in this business for self over one year, why is bond being required?  
\_\_\_\_\_

8. Has owner(s) ever filed bankruptcy personally or as an owner of a business?  Yes  No

If yes, give details: \_\_\_\_\_

9. Is applicant a current State Farm customer?  Yes  No If yes, attach policy numbers list.

**94-EU-E728-2 F**

a. Does applicant carry commercial liability insurance?  Yes  No If yes, list name of carrier:

**STATE FARM**

10. Does applicant have any active surety bonds with State Farm?  Yes  No If yes, list bond numbers:

a. Does applicant have surety bonds furnished by another company?  Yes  No

If yes, what is the reason for submitting this application to State Farm? \_\_\_\_\_

For financial guarantee bonds over \$5,000, or code compliance bonds over \$25,000 please submit an accountant prepared balance sheet, or complete the State Farm Financial Statement (105896).

|   |   |                 |
|---|---|-----------------|
| Agent Name                                      | <b>ADAM HAGE</b>  | <b>25-00-KD</b> |
| Agent State                                     | <b>Indiana</b>  | Agent Code      |
|   | <b>14-352C</b>  |                 |
| Agent issued bond (if yes, submit copy of bond) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                 |

GINA PIMENTEL  
RECORDER

**2023-023972**

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

12:07 PM 2023 Aug 10

of 2 105392.17 05-18-2022  
formation, which may not be disclosed without appropriate State Farm® authorization.

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## LICENSE, PERMIT, OR MISCELLANEOUS APPLICATION INDEMNITY AGREEMENT

In consideration of the execution by the State Farm Fire and Casualty Company ("the Surety") of: the bond applied for, and any other bond or bonds the applicant may request, including modifications, increases, renewals and continuation of said bond or bonds (hereinafter, "bond(s) and changes"), the undersigned applicant and indemnitors, if any, jointly and severally agree:

- A. The undersigned have a material and beneficial interest in the affairs of the applicant.
- B. The statements made in this application, including any financial statement(s), are true.
- C. Premiums for all "bond(s) and changes" shall be paid to the Surety when due until the Surety is released from its obligations thereunder.
- D. To repay to the Surety any loss, cost or expense of any nature including actual attorney fees, incurred by it as a consequence of it having become Surety for the applicant or by reason of the Surety enforcing this agreement.
- E. The Surety may obtain, and anyone is authorized to furnish to the Surety, information concerning my character, ability, habits, past or present employment and credit history.
- F. Under no circumstances shall any "bond(s) and changes" be sold, transferred or assigned.
- G. Not to be released from any of these agreements without prior written notice to and consent to such release by the Surety.

The undersigned acknowledge they have read this indemnity agreement, including A through G, and agree to be bound by it.

For your protection, the law of your state requires the following to appear on this form: Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties.

Dated this 19 day of JULY, (Year) 2023

**Personal Indemnitor Signatures are mandatory for the processing of this application.**

**PERSONAL INDEMNITORS** (Personal Indemnitors are all owners, and those attached to the owners through a legally binding relationship).

In consideration of the execution by the Surety of the suretyship herein applied for, the undersigned, jointly and severally, join in the foregoing indemnity agreement.

Name: CHRISTOPHER L DREIZLER Signature:  Soc. Sec. Number: 345-84-5715

Address: 8015 W 126TH PL, CEDAR LAKE, IN 46303-8851

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Address: \_\_\_\_\_