



PUBLIC OFFICIAL NAME SCHEDULE BOND

State Form 55946 (11-15)
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF INSURANCE

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Bond number LSF021400

School City of Whiting, as Principal, and
The Ohio Casualty Insurance Company, as Surety, as well as all heirs, executors, and
administrators of the Principal and Surety, are bound, jointly and severally, to the **State of Indiana**, in the
amount shown in the attached schedule if subparagraph (a) is violated. In all other respects, the following
conditions apply to this Public Official Bond.

- a) Any Public Official or Employee who is named in the schedule attached, shall faithfully perform and fulfill his or her duties, including compliance with IC 5-11 and paying over on demand to the persons entitled or authorized to receive the same, all moneys that may come into his or her hands during the term of this Public Official Bond.
- b) The term of this Public Official Bond is for a one (1) year term beginning on the 1st day of July, 2023 and ending on the 30th day of June, 2024.
- c) This Public Official Bond cannot be continued, extended, or renewed as provided by IC 5-4-1-18(m).
- d) This Public Official Bond complies with IC 5-4-1-18, and any conflict between this bond and the Indiana Code shall be resolved in favor of the statutory provisions.
- e) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and effect, except for that which was directly altered by the change in law.
- f) Automatic coverage is granted for the first thirty days of service of any Public Official or Employee succeeding one listed in the schedule. Provided, however, that the automatic coverage granted shall be void and of no effect unless during the said thirty day period a written request has been made to add the Public Official or Employee to the schedule and the Surety by written acceptance has consented thereto.

Dated this 9th day of May, 2023

By Timothy A. Mikolajewski
Attorney in Fact
Timothy A. Mikolajewski

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Bond number 3983184

Schedule of Position - term of: July 1, 2023 to June 30, 2024

Position Number	Name of Position	Number of Public Officials or Employees	Amount per Position	Annual Premium
1	Athletic Director Whiting, IN	One (1)	\$ 5,000.00	\$ 50.00
2	Assistant Athletic Director Whiting, IN	One (1)	\$ 5,000.00	\$ 50.00
3	Superintendent's Secretary Whiting, IN	One (1)	\$ 3,500.00	\$ 50.00
4	Payroll-H/R Specialist/Deputy Treasurer Whiting, IN	One (1)	\$ 10,000.00	\$ 50.00
5	MS Principal's Secretary Whiting, IN	Two (2)	\$ 10,000.00	\$ 100.00
6	Elementary Principal's Secretary Whiting, IN	Two (2)	\$ 10,000.00	\$ 100.00
7	H.S Secretary/Extra Curricular Treasurer Whiting, IN	One (1)	\$ 10,000.00	\$ 50.00
8	Cafeteria Cashiers	Four (4)	\$ 2,500.00	\$ 200.00
9	Cafeteria Director	One (1)	\$ 3,000.00	\$ 50.00
10	Ticket Taker	One (1)	\$ 5,000.00	\$ 50.00
11	Concession Workers	Two (2)	\$ 2,000.00	\$ 100.00
12	Treasurer Whiting High School	One (1)	\$ 15,000.00	\$ 60.00
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Liberty Mutual.
SURETY

This Power of Attorney limits the acts of those named herein and their heirs, assigns and assigns to bind the Corporation except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company POWER OF ATTORNEY

Principal: School City of Whiting
Agency Name: Pinnacle Insurance Group of Indiana, Inc. Bond Number: LSF021400
Obligee: STATE OF INDIANA
Bond Amount: (110,500) One Hundred Ten Thousand Five Hundred and oo/100

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.



The Ohio Casualty Insurance Company

By: *David M. Carey*
David M. Carey, Assistant Secretary

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

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 - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 23, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: *Teresa Pastella*
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following 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 May, 2023.



By: *Renee C. Llewellyn*
Renee C. Llewellyn, Assistant Secretary

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