



Liberty Mutual Surety: National Bond Center  
350 E. 96th Street  
Indianapolis, IN 46240  
(888) 844-2663 Fax: (866) 547-4883

## SURETY BOND PACKAGE

Thank you for choosing Liberty Mutual Surety for your bonding business. The enclosed package is a complete set of bond documents. Please file the documents in this bond package that are required by the Obligee. Some documents may not need to be filed.

**Please review the bond to ensure it is accurate - correct form, obligee, principal (contractor) details, etc. It is ultimately the responsibility of the agent and contractor to ensure the bond provided is the correct form and is properly completed.** For immediate changes or corrections, please contact your Liberty Mutual Surety office listed above.

Use the following checklist to ensure the documents are properly signed and distributed.

- ☐ The principal must sign the bond as the name is printed on the bond form. If the principal is a company, any officer of the company may sign the bond.
- ☐ This bond has been digitally signed on behalf of the Surety. An Attorney-in-fact signature is not required.
- ☐ A Power of Attorney form is included in the bond package. This form should be attached to the bond and filed with the obligee.



Bond **999064858**

## LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, CAT 5 CONSTRUCTION SERVICES, LLC

\_\_\_\_\_ as Principal, of  
3504 MAIN ST

(Street and Number)

GRANDVIEW, Missouri and the The Ohio Casualty Insurance Company,  
(City) (State)

New Hampshire corporation, as Surety, are held and firmly bound unto City of Lee's Summit  
(State)

\_\_\_\_\_, as Oblige, at

220 SE Green Street, Lee's Summit, MO 64063, 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 26th day of August, 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 Street Opening/Right of Way for the work to be performed at/for: Various by the Oblige.

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 26th day of August, 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 Oblige, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

CAT 5 CONSTRUCTION SERVICES, LLC

By \_\_\_\_\_ Principal

The Ohio Casualty Insurance Company



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



## **IMPORTANT SURETY BOND INFORMATION MISSOURI**

Your Liberty Mutual Surety agent is a professional independent Insurance Agent. If you have specific questions about your Surety Bond, you may direct them to your agent.

### **MISSOURI SPECIFIC QUESTIONS**

If you have been unable to contact or obtain information from your agent, you may contact Liberty Mutual Surety at the following address and telephone:

**THE OHIO CASUALTY INSURANCE COMPANY  
LIBERTY MUTUAL SURETY  
350 E. 96th Street  
Indianapolis, IN 46240**

Mailing Address:  
175 Berkeley Street  
Boston, MA 02116

Telephone #  
(888) 844-2663



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: CAT 5 CONSTRUCTION SERVICES, LLC

Agency Name: Foundation Risk Partners, Corp

Bond Number: 999064858

Obligee: City of Lee's Summit

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.



The Ohio Casualty Insurance Company

By:

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:

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 26th day of August, 2020.



By:

Renee C. Llewellyn, Assistant Secretary

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.



Liberty Mutual Surety: National Bond Center  
350 E. 96th Street  
Indianapolis, IN 46240  
(888) 844-2663 Fax: (866) 547-4883

## TRANSACTION REPORT

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Transaction Date: August 26, 2020

Preparer Name: Kathleen Jones

Preparer Email: kathleen.jones@acentria.com

Agency Name: Foundation Risk Partners, Corp

Agency Code: 985609

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**Principal:**

CAT 5 CONSTRUCTION SERVICES, LLC  
3504 MAIN ST  
GRANDVIEW, MO 64030

**Obligee:**

City of Lee's Summit  
220 SE Green Street  
Lee's Summit, MO 64063

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**Underwriting Information:**

Bond is freely written

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**Bond Information:**

Bond Number: 999064858

Bond Amount: \$5,000.00

Renewal Type: Renewable (by certificate)

Renewal Billing Method: Direct Bill

Renewal Term (Months): 12

Renew Automatically: Yes

Description of Bond: Street Opening/Right of Way

Effective Date: August 26, 2020

Expiration Date: August 26, 2021

Cancel Days: 30 Days

Class Code: S910

Underwriting Paper: The Ohio Casualty Insurance Company

Bond Rating State: Missouri

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**Invoiced To:**

CAT 5 CONSTRUCTION SERVICES, LLC  
3504 MAIN ST  
GRANDVIEW, MO 64030

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**Renewal Billing Information:**

CAT 5 CONSTRUCTION SERVICES, LLC  
3504 MAIN ST  
GRANDVIEW, MO 64030

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**Remarks:**

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**Premium Information:**

Bond Premium: \$100.00

Total Premium Due: \$100.00

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This bond is a direct billed bond. It is the applicant's responsibility to ensure payment is received in full for this new business. Payment must be received within 20 days from the date this bond was issued. If payment is not received in full, this bond may be subject to cancellation. Bond(s) changes are available for your agency through <https://agents.libertymutualsurety.com>

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**Mail Payment To:**

Liberty Mutual Insurance Company  
25761 Network Place  
Chicago, IL 60673-1257