

JUL-18-2011 15:43 FROM:WM SCHWARTZ & CO 847-623-9843 ID:18473568270 P.001/002
 (630)629-6800



Surety Bond Renewal Notice

Ohio Casualty Bond

BOND NUMBER 1834904	COMPANY OC	RENEWAL PERIOD Beginning 03/08/09 Ending 03/08/12		RENEWAL PREM. \$2,362.00	SPECIAL COMMISSION 20.0 %
RISK STATE ILLINOIS		BOND AMOUNT \$200,000			
CLASSIFICATION 106	CONTRACT TYPE	TREASURERS			
PRINCIPAL OR INSURED NAME AND ADDRESS LINDENHURST SANITARY DISTRICT 2301 E SAND LAKE ROAD LINDENHURST IL 60046			OBLIGEE NAME AND ADDRESS S/A LINDENHURST IL 60046		
12-01-0884 AGENCY WM SCHWARTZ & CO 458 N GREEN BAY RD WAUKEGAN IL 60085-3149			RENEWAL INSTRUCTIONS BOND REMAINS IN EFFECT UNTIL TERM OF OFFICE EXPIRES.		
TAX TOWN CODE	Surcharge: Total Billing: MLNY TAX:	AUTO CHARGED	TERR. CODE (INS. AGR. 3&4)	Non-Res Lic: Yes () No () If yes, # _____ Type: Agent () Broker () Appointment: Yes () No () Commission: Full () Reduced () Nil ()	
REMARKS					

NOTE: IF CONTINUATION OF THIS BOND IS NOT DESIRED, PLEASE HAVE THE RELEASE BELOW COMPLETED AND RETURN BEFORE RENEWAL DATE, UNLESS BOND EXPIRES BY ITS TERMS.

<p style="text-align: center;">PUBLIC OFFICIAL BOND RELEASE</p> <p>To The Ohio Casualty Bond, _____, whose official bond was signed by your Company, ceased serving on _____ in the capacity for which he/she was bonded, and his/her successor has duly qualified for said office. (Date) _____ (Signed) _____ _____ (Title) _____ (This must be signed by a duly authorized officer.)</p>	<p style="text-align: center;">PUBLIC EMPLOYEE SCHEDULE BOND RELEASE</p> <p>To The Ohio Casualty Bond, Please discontinue, term and after _____, your Public Employee Schedule bond on behalf of _____ (Date) _____ (Signed) _____ _____ (Title) _____ This must be signed by duly authorized official.</p>
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DON'T FORGET: OHIO CASUALTY PENSION PLAN TRUSTEE BONDS AND BUSINESS SERVICES BONDS. THESE POPULAR BONDS ARE EASILY ORDERED WITH OUR SHORT FORM ORDER BLANKS.



The Ohio Casualty Insurance Company

SCHEDULE BOND - ANNUAL PREMIUM LIST

Whereas, The Ohio Casualty Insurance Company has heretofore executed a certain Schedule Bond No 1-834-904-3

Dated March 8, 2000

In favor of The Lindenhurst Sanitary District
and covering certain positions/employees named in or added to the schedule attached to and forming part of said bond.

Now, Therefore, it is hereby understood and agreed that all positions/employees that were covered under said bond before the 8th day of March, 2009 and that are not named in the following list, shall be deemed to be deducted from said schedule as of said last mentioned date, unless deducted or canceled therefrom as of some prior date; that all positions/employees that are named in the following list and not already covered under said bond shall be deemed to be added to said schedule as of said last mentioned date, in the amounts set opposite the names of such positions/employees respectively, and that, in case the amount formerly carried on any position/employee shall be larger or smaller than the amount set opposite the name of such position/employee in said list, the former amount shall be deemed to be increased or decreased accordingly, effective as of said last mentioned date; provided that in case of any such increase or decrease the liability of

The Ohio Casualty Insurance Company on account of such position/employee shall not exceed in the aggregate the larger of said amounts. If the amount of coverage on any positions/employees shall be decreased, the amount by which such coverage is decreased shall be considered as having been canceled as of the effective date of such decrease for the purpose of computing the period allowed for the discovery of loss as specified in the attached bond. The attached bond is continuous and the attachment of this list shall not destroy the continuity of coverage nor shall it be construed as granting cumulative coverage.

Signed and Sealed January 13, 2009

By: Dawn M. Woodbury, Attorney-in-Fact

Note: Do Not Complete Item 4 for Name Schedule Bonds.

1. ITEM NO.	2. NAME OR POSITION	3. LOCATION	4. No. of Positions Bonded	5. Amount of Bond For Each	6. Premium
1.	Arthur J. Neubauer	Lindenhurst, IL		\$1,000,000.00	
5.	Sholdan G. Halterman	Lindenhurst, IL		\$200,000.00	
6.	James B. Stevens	Lindenhurst, IL		\$200,000.00	
				Total:	\$2,362.00

PUBLIC OFFICIALS LIABILITY - SPECIAL SERVICE DISTRICTS POLICY

Please attach this Renewal Certificate to your expiring Policy.

**UNITED STATES LIABILITY
INSURANCE COMPANY**

WAYNE, PENNSYLVANIA

ORIGINAL

In consideration of the renewal premium stated below, expiring Policy Number **PO 1000146E** is renewed for the Policy Period stated below. The Company will issue a complete copy of this Policy upon receipt of a written request from the Insured.

The New Policy Number is **PO 1000146F**.

The Application (if any) for this renewal, and all previous Applications made to the Company for this insurance, including any material submitted therewith, shall be made a part of this Renewal Policy as if physically attached hereto. PLEASE REFER TO YOUR POLICY FOR THE DEFINITION OF "APPLICATION."

POLICY DECLARATIONS

ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

The Lindenhurst Sanitary District
2301 East Sand Lake Road
Lindenhurst, IL 60046

ITEM II. POLICY PERIOD: (MM/DD/YYYY)
FROM **3/4/2011** TO **3/4/2012**

12:01 AM STANDARD TIME AT
YOUR MAILING ADDRESS SHOWN

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH LIMITS OF LIABILITY ARE INDICATED.

Coverage Part A. Public Officials Liability

ITEM III. LIMITS OF LIABILITY:	a. Public Officials D & O	\$1,000,000	EACH CLAIM
	b. Public Officials D & O	\$1,000,000	IN THE AGGREGATE
	c. Fiduciary Liability	Not Purchased	EACH CLAIM

ITEM IV. RETENTION: \$0 EACH CLAIM

ITEM V. PREMIUM: \$850

Coverage Part B. Employment Practices Liability

ITEM III. LIMITS OF LIABILITY: Not Purchased EACH CLAIM
ANNUAL AGGREGATE

ITEM IV. RETENTION: EACH CLAIM

ITEM V. PREMIUM:

NOTICE: DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

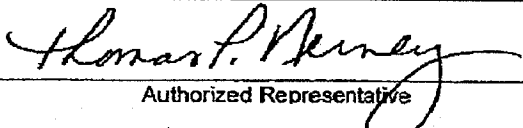
ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:
 PO-100 (10-03) Coverage Part A -- Public Officials Liability PO-IL (10-03) Illinois State Amendatory Endt.
 PO-225 (09-06) Application Definition Clarification Endorsement USL-POJ (10-03) Policy Jacket/Common Policy Conditions

Endorsements marked with an asterisk(*) have been added to the policy or have a new edition date and are attached with this certificate.

Date Issued: 2/14/2011

Agent: AMWINS BROKERAGE OF ILLINOIS [2101]

USU - CERT (03-05)

By 
Authorized Representative