

B O N D

KNOW ALL MEN BY THESE PRESENTS, that TIMOTHY HUGHES, having been appointed to the office of trustee of the ROCKLAND FIRE PROTECTION DISTRICT, does hereby give his bond in the penal sum of FIFTY THOUSAND DOLLARS (\$50,000.00) to the people of the State of Illinois with AMERICAN ALTERNATIVE INSURANCE CORPORATION as Surety. The condition of this obligation being such that if the said TIMOTHY HUGHES shall faithfully and promptly perform the duties of the said office and shall from time to time and at all times hereafter duly and faithfully account for, apply, pay, transfer and deliver all and every sum and sums of money and property which shall come into his hands or possession or for which he shall be chargeable or accountable by virtue of his office of Trustee, or in the consequence of his appointment to such office according to the true intent and meaning of the statute or regulation which may be enforced in relation thereto and shall deliver over to his successors in office or any other person authorized by law to receive the same, all monies, books, papers and property and other things appertaining thereto and belonging to his office THEN THE ABOVE OBLIGATION TO BE VOID, OTHERWISE TO BE IN FULL FORCE AND EFFECT.

Certificate of Insurance from American Alternative Insurance Corp. as Surety is attached hereto and incorporated herein.

WITNESS my hand and seal this 16 day of July, 2011.


TIMOTHY HUGHES, Principal

OFFICIAL SEAL
STEFFAN G HARRISON
Notary Public - State of Illinois
My Commission Expires Apr 19, 2015

(SEAL)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ideal Insurance Agency 100 W 22nd St., Suite 101 Lombard, IL 60148 Robert Brady	630-889-3510 630-889-3550	CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: ROCKL-2												
INSURED Rockland FPD Helga Olson Kay 14 N. Skokie Hwy. Lake Bluff, IL 60044		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A: American Alternative Ins Corp</td> <td>NAIC # 19720</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: American Alternative Ins Corp	NAIC # 19720	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC		VFIS-TR-2052140	04/26/11	04/26/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		VFIS-TR-2052140	04/26/11	04/26/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEDUCTIBLE \$ RETENTION \$	<input type="checkbox"/>				<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N <input type="checkbox"/> N/A				<table border="1"> <tr> <td><input type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Proof of Bond Coverage. Positions Schedule Bond.
 President, Secretary and Trustee @\$50,000 each.

CERTIFICATE HOLDER <p style="text-align: center;">LAKECON</p> <p>Lake County 18 N County Street Waukegan, IL 60086</p>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Robert Brady
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