Bond Number: 38K010467 Premium: \$2,880/yr

SUBDIVISION IMPROVEMENT AGREEMENT

PERFORMANCE BOND

KNOW ALL PERSONS BY THESE PRESENTS:

WHEREAS, Palm THAT the City of Desert. California ("City") Palm Desert MCP GST LLC, a California limited liability company, Palm Desert MCP MDT LLC, a California limited liability company, Palm Desert MCP WRT LLC, a California limited liability company, MCL Palm Desert GST LLC, a California limited liability company, MCL Palm Desert MDT LLC, a California limited liability company, and MCL Palm Desert WRT LLC, a California limited liability company ("Principal"), have executed an agreement for work consisting of, but not limited to, the furnishing all labor, materials, tools, equipment, services, and incidentals for all grading, roads, paving, curbs and gutters, pathways, storm drains, sanitary sewers, utilities, drainage facilities, traffic controls, landscaping, street lights, and all other required facilities for Parcel/Tract Map No. __37234_ ____ ("Public Improvements");

WHEREAS, the Improvement Agreement is hereby referred to and incorporated herein by reference; and

WHEREAS, Principal is required by the Improvement Agreement to provide a good and sufficient bond for performance of the Improvement Agreement, and to guarantee and warranty the Public Improvements constructed thereunder.

NOW, THEREFORE, Principal and <u>The Ohio Casualty Insurance Company</u> ("Surety"), a corporation organized and existing under the laws of the State of <u>New Hampshire</u>, and duly authorized to transact business under the laws of the State of California, are held and firmly bound unto City in the sum of <u>**Five Hundred Seventy Six Thousand Only**</u> DOLLARS (\$576,000.00), said sum being not less than one hundred percent (100%) of the total cost of the Public Improvements as set forth in the Improvement Agreement, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such, that if Principal, his or its heirs, executors, administrators, successors or assigns, shall in all things stand to and abide by, and well and truly keep and perform the covenants, conditions, agreements, guarantees, and warranties in the Improvement Agreement and any alteration thereof made as therein provided, to be kept and performed at the time and in the manner therein specified and in all respects according to their intent and meaning, and to indemnify and save harmless City, its officers, employees, and agents, as stipulated in the Improvement Agreement, then this obligation shall become null and void; otherwise it shall be and remain in full force and effect.

As part of the obligation secured hereby, and in addition to the face amount specified therefor, there shall be included costs and reasonable expenses and fees, including reasonable attorney's fees, incurred by City in successfully enforcing such obligation, all to be taxed as costs and included in any judgment rendered.

Surety, for value received, hereby stipulates and agrees that no change, extension of time, alteration, or addition to the terms of the Improvement Agreement, or to any plans, profiles, and

specifications related thereto, or to the Public Improvements to be constructed thereunder, shall in any way affect its obligations on this bond, and it does hereby waive notice of any such change, extension of time, alteration, or addition.

This bond is executed and filed to comply with Section 66499, *et seq.*, of the California Government Code as security for performance of the Improvement Agreement and security for the one-year guarantee and warranty of the Public Improvements.

IN WITNESS WHEREOF, we, 20, 20	have hereunto set our hands and seals this <u>31st</u> day of
(Corporate Seal)	See attached signature page Principal By
	Title
(Corporate Seal)	The Ohio Casualty Insurance Company Surety By Alison Berry
(Attach Attorney-in-Fact Certificate)	Title Attorney-in-Fact
The rate of premium on this bond is charges is \$\frac{2,880}{2,880}\$ (The above must be filled in by corporate)	
THIS IS A REQUIRED FORM	
Any claims under this bond may be a	addressed to:
(Name and Address of Surety)	The Ohio Casualty Insurance Company 1001 4th Avenue, Suite 3800 Seattle, WA 98154
(Name and Address of Agent or Representative for service of process in California, if different from above)	The Ohio Casualty Insurance Company 6030 W. Oaks, Suite 200 Rocklin, CA 95765 HOSCL@LibertyMutual.com
(Telephone number of Surety and Agent or Representative for service of process in California)	866-548-6837

NAME OF PRINCIPAL:

Palm Desert MCP GST LLC, a California limited liability company, Palm Desert MCP MDT LLC, a California limited liability company, Palm Desert MCP WRT LLC, a California limited liability company, MCL Palm Desert GST LLC, a California limited liability company, MCL Palm Desert MDT LLC, a California limited liability company, and MCL Palm Desert WRT LLC, a California limited liability company, and MCL Palm Desert WRT LLC, a California limited liability company, and MCL Palm

Desert WRT LLC, a California limited liability company

ADDRESS:

270 N. El Camino Real, #F397, Encinitas, California, 92024

AUTHORIZED SIGNATURE(S):

Palm Desert MCP GST LLC,

a California limited liability company

BY:

Kathy J. MacLeod, Trustee of the Myron T. MacLeod GST-Exempt EstateTax Sheldered Trust u/a/d 1-2-2018,

Sole Member

AUTHORIZED SIGNATURE(S):

Palm Desert MCP MDT LLC,

a California limited liability company

BY:

Kathy J. MacLeod, Trustee of the Myron T. MacLeod Marital Deduction Trust u/a/d 1-2-2018, Sole Member

AUTHORIZED SIGNATURE(S):

Palm Desert MCP WRT LLC,

a California limited liability company

BY:

Sara M. Wolff, Trustee of the Sara M. Wolff Revocable

Trust dated April 27, 1995, Sole Member

AUTHORIZED SIGNATURE(S):

MCL Palm Desert GST LLC,

a California limited liability company

BY:

Kathy J. MacLeod, Trustee of the Myron T. MacLeod GST-Exempt Estate Tax Sheltered Trust u/a/d 1-2-2018,

Sole Member

AUTHORIZED SIGNATURE(S):

MCL Palm Desert MDT LLC,

a California limited liability company

BY:

Kathy J. MacLeod, Trustee of the Myron T. MacLeod Marital Deduction Trust u/a/d 1-2-2018, Sole Member $AUTHORIZED \ SIGNATURE(S):$

MCL Palm Desert WRT LLC, a California limited liability company

BY:

Sara M. Wolff, Trustee of the Sara M. Wolff Revocable

Trust dated April 27, 1995, Sole Member

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		
STATE OF CALIFORNIA ORCGON COUNTY OF CACCAMAS		
On August 200, 2024, before me, Ashley Elizabeth WOLE Notary Public, personally		
appeared hathy TMacLeod , who proved to me on the basis of satisfactory		
evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.		
certify under PENALTY OF PERJURY under the laws of the State of Galifornia that the foregoing paragraph s true and correct.		
OFFICIAL STAMP ASHLEY ELIZABETH WOLFE NOTARY PUBLIC - OREGON COMMISSION NO. 1027637 MY COMMISSION EXPIRES SEPT. 19, 2026 Signature of Notary Public WITNESS my hand and official seal. Shly Elizabeth Wolfe Signature of Notary Public NOTARY Publi		
OPTIONAL		
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.		
CAPACITY CLAIMED BY SIGNER DESCRIPTION OF ATTACHED DOCUMENT		
□ Individual		
Corporate Officer Subdivision Agreement Bond		
Title(s) Partner(s) General Title(s) Title or Type of Document Number of Pages		
General Number of Pages Attorney-In-Fact		
Guardian/Conservator Date of Document		
☐ Other: Signer is representing: Name Of Person(s) Or Entity(ies)		
Signer(s) Other Than Named Above		

Notary Acknowledgment

NOTE: This acknowledgment is to be completed for Principal.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of _____Fresno personally appeared _____ Alison Berry Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), LINDA K. BRAGER and that by his/her/their signature(s) on the instrument the Notary Public - California person(s), or the entity upon behalf of which the person(s) Fresno County Commission # 2442264 acted, executed the instrument. My Comm. Expires Apr 21, 2027 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Place Notary Seal Above --- OPTIONAL -Though the Information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: __ Signer's Name: ____ □ Individual ☐ Individual ☐ Corporate Officer --- Title(s): _ ☐ Corporate Officer --- Title(s): __ ☐ Partner ☐Limited ☐General ☐ Partner ☐ Limited ☐ General RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact OF SIGNER ☐ Trustee OF SIGNER ☐ Trustee ☐ Guardian or Conservator Top of thumb here ☐ Guardian or Conservator Top of thumb here ☐ Other: _____ ☐ Other: _____ Signer is Representing: Signer is Representing:



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.

> Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

Certificate No: 8211224 - 969346

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, the Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Alison Berry, Joseph Orndoff, Linda K Brager, Lynn Bailey, Morgan Schneider

all of the city of Fresno state of 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 Companies in their own proper

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 17th day of January 2024







Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

State of PENNSYLVANIA County of MONTGOMERY ss

17th day of 2024 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance January Company, The Ohio Casualty Company, and West American 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 a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



onwealth of Pennsylvania - Notary Sea Teresa Pastella, Notary Public Montgomery County My commission expires March 28, 2025 Commission number 1126044

By: Teresa Pastella

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutua Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

nd and/or Power of Attorney (POA) verification inquiries, call 610-832-8240 or email HOSUR@libertymutual.com 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 execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such For bon please (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.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company 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 Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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-infact 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 of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney 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, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of







Renee C. Llewellyn, Assistant Secretary

Bond Number: 38K010467 Premium included in performance bond

SUBDIVISION IMPROVEMENT AGREEMENT PAYMENT (LABOR AND MATERIALS) BOND

KNOW ALL PERSONS BY THESE PRESENTS:

WHEREAS, the City of Palm Desert, California ("City") Palm Desert MCP GST LLC, a California limited liability company, Palm Desert MCP MDT LLC, a California limited liability company, Palm Desert MCP WRT LLC, a California limited liability company, MCL Palm Desert GST LLC, a California limited liability company, MCL Palm Desert MDT LLC, a California limited liability company, and MCL Palm Desert WRT LLC, a California limited liability company ("Principal"), have executed an agreement for work consisting of, but not limited to, the furnishing all labor, materials, tools, equipment, services, and incidentals for all grading, roads, paving, curbs and gutters, pathways, storm drains, sanitary sewers, utilities, drainage facilities, traffic controls, landscaping, street lights, and all other required facilities for Parcel/Tract Map No. ____37234____ ("Public Improvements");

WHEREAS, the Public Improvements to be performed by Principal are more particularly set forth in that certain Subdivision Improvement Agreement dated _______, 20___, ("Improvement Agreement");

WHEREAS, the Improvement Agreement is hereby referred to and incorporated herein by reference; and

WHEREAS, Principal is required by the Improvement Agreement before entering upon the performance of the work to provide a good and sufficient payment bond to secure the claims to which reference is made in Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the California Civil Code.

As part of the obligation secured hereby, and in addition to the face amount specified therefor, there shall be included costs and reasonable expenses and fees, including reasonable attorney's fees, incurred by City in successfully enforcing such obligation, all to be taxed as costs and included in any judgment rendered.

It is hereby expressly stipulated and agreed that this bond shall inure to the benefit of any and all persons, companies, and corporations entitled to file claims under Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the Civil Code, so as to give a right of action to them or their assigns in any suit brought upon this bond.

Should the condition of this bond be fully performed, then this obligation shall become null and void, otherwise it shall be and remain in full force and effect.

Surety, for value received, hereby stipulates and agrees that no change, extension of time, alteration, or addition to the terms of the Improvement Agreement, or to any plans, profiles, and specifications related thereto, or to the Public Improvements to be constructed thereunder, shall in any way affect its obligations on this bond, and it does hereby waive notice of any such change, extension of time, alteration, or addition.

This bond is executed and filed to comply with Section 66499, *et seq.*, of the California Government Code as security for labor performed and materials provided in connection with the performance of the Improvement Agreement and construction of the Public Improvements.

IN WITNESS WHEREOF, we, 20_24.	e have hereunto set our hands and seals this day o
(Corporate Seal)	<u>see signature page attached</u> Principal
	Ву
	Title
(Corporate Seal)	The Ohio Casualty Insurance Company Surety By Alison Berry
(Attach Attorney-in-Fact Certificate)	TitleAttorney-in-Fact
The rate of premium on this bond is charges is \$included in performar (The above must be filled in by corporate)	nce bond .
THIS IS A REQUIRED FORM	
Any claims under this bond may be	addressed to:
(Name and Address of Surety)	The Ohio Casualty Insurance Company 1001 4th Avenue, Suite 3800 Seattle, WA 98124
(Name and Address of Agent or Representative for service of process in California, if different from above)	The Ohio Casualty Insurance Company 6030 W Oaks Blvd, Suite 200 Rocklin, CA 95765 HOSCL@LibertyMutual.com
(Telephone number of Surety and Agent or Representative for	866-548-6837

NAME OF PRINCIPAL:

Palm Desert MCP GST LLC, a California limited liability company, Palm Desert MCP MDT LLC, a California limited liability company, Palm Desert MCP WRT LLC, a California limited liability company, MCL Palm Desert GST LLC, a California limited liability company, MCL Palm Desert MDT LLC, a California limited liability company, and MCL Palm

Desert WRT LLC, a California limited liability company

ADDRESS:

270 N. El Camino Real, #F397, Encinitas, California, 92024

AUTHORIZED SIGNATURE(S):

Palm Desert MCP GST LLC,

a California limited liability company

BY:

Kathy J. MacLeod, Trustee of the Myron T. MacLeod GST-Exempt EstateTax Sheldered Trust u/a/d 1-2-2018,

Sole Member

AUTHORIZED SIGNATURE(S):

Palm Desert MCP MDT LLC,

a California limited liability company

BY:

Kathy J. MacLeod, Trustee of the Myron T. MacLeod Marital Deduction Trust u/a/d 1-2-2018, Sole Member

AUTHORIZED SIGNATURE(S):

Palm Desert MCP WRT LLC,

a California limited liability company

BY:

Sara M. Wolff, Trustee of the Sara M. Wolff Revocable

Trust dated April 27, 1995, Sole Member

AUTHORIZED SIGNATURE(S):

MCL Palm Desert GST LLC,

a California limited liability company

BY:

Kathy J. MacLeod, Trustee of the Myron T. MacLeod GST-Exempt Estate Tax Sheltered Trust u/a/d 1-2-2018,

Sole Member

AUTHORIZED SIGNATURE(S):

MCL Palm Desert MDT LLC,

a California limited liability company

Kathy J. MacLeod, Trustee of the Myron T. MacLeod Marital Deduction Trust u/a/d 1-2-2018, Sole Member AUTHORIZED SIGNATURE(S):

MCL Palm Desert WRT LLC, a California limited liability company

BY:

Sara M. Wolff, Trustee of the Sara M. Wolff Revocable Trust dated April 27, 1995, Sole Member

Notary Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA ORCGON COUNTY OF CIACLAMAS,		
On August 2nD, 2024, before me, Ashley Elizabeth Wolf Notary Public, personally		
appeared Sara M Wolff, who proved to me on the basis of satisfactory		
evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.		
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.		
OFFICIAL STAMP ASHLEY ELIZABETH WOLFE NOTARY PUBLIC - OREGON COMMISSION NO. 1027637 MY COMMISSION EXPIRES SEPT. 19, 2026 Signature of Notary Public.		
OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document		
and could prevent fraudulent removal and reattachment of this form to another document.		
CAPACITY CLAIMED BY SIGNER DESCRIPTION OF ATTACHED DOCUMENT		
□ Individual □ Corporate Officer Subdivision Agreement Bond		
Partner(s) Limited General Title or Type(of)Document Number of Pages		
□ Attorney-In-Fact □ Trustee(s) August 2 np 2024		
☐ Guardian/Conservator ☐ Other: Date of Document		
Signer is representing: Name Of Person(s) Or Entity(ies)		
Signer(s) Other Than Named Above		

NOTE: This acknowledgment is to be completed for Principal.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Fresno On _____July 31, 2024 _____ before me, ______Insert Name of Notary exactly as it appears on the official seal _____, Notary Public, personally appeared _ Alison Berry Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies). and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) LINDA K. BRAGER acted, executed the instrument. Notary Public - California Fresno County
Commission # 2442264 I certify under PENALTY OF PERJURY under the laws of My Comm. Expires Apr 21, 2027 the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Place Notary Seal Above - OPTIONAL ----Though the Information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: _ _____ Number of Pages: _____ Signer(s) Other Than Named Above: ____ Capacity(ies) Claimed by Signer(s) Signer's Name: _ Signer's Name: ___ ☐ Individual □ Individual ☐ Corporate Officer --- Title(s): __ ☐ Corporate Officer --- Title(s): __ ☐ Partner □Limited □General □Limited □General □ Partner RIGHT THUMBPRINT RIGHT THUMBPRINT ☐ Attorney in Fact ☐ Attorney in Fact OF SIGNER OF SIGNER ☐ Trustee □ Trustee ☐ Guardian or Conservator Top of thumb here Top of thumb here ☐ Guardian or Conservator □ Other: _____ ☐ Other: _____ Signer is Representing: Signer is Representing:



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.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8211224 - 969346

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized
under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Alison Berry, Joseph Orndoff, Linda K Brager, Lynn Bailey, Morgan Schneider
all of the city of Fresno state of CA 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 Companies in their own proper persons.
IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 17th day of January , 2024 .
Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company West American Insurance Company West American Insurance Company
1912 CORPORATE TO THE CHILD CASUALLY INSURANCE COMPANY West American Insurance Company West American Insurance Company
THE TOTAL THE TO
State of DEANISY/LYANIA
State of PENNSYLVANIA County of MONTGOMERY Ss
State of PENNSYLVANIA County of MONTGOMERY On this 17th day of January , 2024 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American 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 a duly authorized officer. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written. PASSIMATE Pansylvania Notary Public Member, Pennsylvania Notary Public Member, Pennsylvania Notary Public Member, Pennsylvania Notary Public Member, Pennsylvania Notary Public Notary Pennsylvania Notary Public Pennsylvania Public Pennsylvania Notary Public Pennsylvania Public Pennsylvania Public Pennsylvania Public Pennsylvania Public Pennsylvania Public Pennsylvania Public Penn
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.
Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public Montgomery County D + 11
Montgomery County My commission expires March 28, 2025 Commission number 1126044 By: Lives Mastella Target Parties Nate 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,
Member, Pennsylvania Association of Notaries Teresa Pastella, Notary Public
This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are 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 execution of any such instruments and to attach thereto the seal of the Corporation. When so 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.
ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company 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 Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.
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 of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney 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, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, 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 Companies this 31st day of July , 2024.
INSURATION OF THE PROPERTY OF
LMS-12873 LMIC OCIC WAIC Multi Co 02/21