

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
 One Hartford Plaza
 Hartford, Connecticut 06155
Bond.Claims@thehartford.com
 call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name:
 Agency Code:

- Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
 Bond No.

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Ciccone
 My Commission HH 122280
 Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of _____.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President



Date:

Agency Code:
Agency Information

Obligee Information

Insured / Principal:
Policy / Bond #:
Account Name/Number:
Policy Term:
Type of Policy:
Billing Term:
Billing Type¹:
Transaction Type:
Transaction Effective Date:
Bond Limit:

Premium
\$

State Tax / Surcharge if applicable
\$

This record is a billing advice only.

If you have any questions regarding this transaction, please contact your agent or The Hartford's Billing Department.

¹ **Billing Type:**

- Agency Bill – Premium will be billed through your Agent.
- Direct Bill – You will receive a billing statement directly from The Hartford.
 - Credit Card – Premium noted on this statement has been submitted to your Credit Card for this term only and it will be reflected in your Direct Bill notification you receive from The Hartford.

SURETY BOND# _____

CONTRACTOR'S LICENSE# _____

MARYLAND HOME IMPROVEMENT CONTRACTOR'S BOND

BE IT KNOWN, that we _____ of _____, as principal, and _____ T/A or DBA _____ as surety, are held and firmly bound unto the State of Maryland for the benefit of the Maryland Home Improvement Guaranty Fund in the event that it is damaged because of payment made on account of violation of the Maryland Home Improvement Law by the principal in the full and just sum of TWENTY THOUSAND(\$20,000) for the payment of which, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED THIS _____ MONTH/DAY OF 20_____.

WHEREAS, the above bounden principal has applied to the Maryland Home Improvement Commission for a license as a Home Improvement Contractor.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH that, if the above bounden principal shall comply in all respects with Annotated Code of Maryland, Business Regulation Article, Title 8, Home Improvement and the regulations promulgated thereto, then this obligation shall be void otherwise to remain in full force and effect.

PROVIDED, HOWEVER, this bond may not be construed to require the surety to be responsible for the completion of any home improvement contract entered into by the principal on this bond.

PROVIDED, FURTHER, in no event shall the aggregate of liability of the surety under this bond for any and all payments from the Maryland Home Improvement Guaranty Fund on account of violations of the Maryland Home Improvement Law by the principal arising during the period covered by the bond exceed the sum of \$20,000. Any renewal or extensions of the period covered by the bond shall establish a new bonding period. The surety's maximum potential liability shall be \$20,000 per bonding period.

PROVIDED, FURTHER, this may not be construed to require the surety to be responsible for damages arising from any breach of a home improvement contract, if such contract was entered into after the inactivation, expiration, or revocations of the contractor's license.

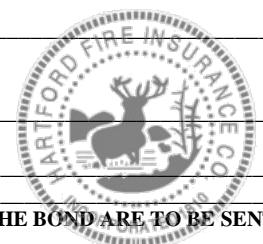
PROVIDED FURTHER, this bond does not release the principal from any liability to the Maryland Home Improvement Guaranty Fund in excess of \$20,000.

PROVIDED FURTHER, if this bond is cancelled or reduced by action of the surety, the principal's contractor's license shall be subject to revocation.

This bond may be canceled at any time by the surety upon giving thirty (30) days written notice to the Maryland Home Improvement Commission by certified mail of such cancellation, it being understood that the surety shall be liable for any payment from the Maryland Home Improvement Commission Guaranty Fund on account of violation of the Maryland Home Improvement Law prior to the date of cancellation.

PRINCIPAL
BY: _____

SURETY
BY: *Phyllis A. Glauk*



ADDRESS TO WHICH CLAIMS AGAINST THE BOND ARE TO BE SENT TO

ISSUED FOR THE TERM OF: _____ TO: _____
(Date of Issuance) (TWO YEARS FROM DATE OF ISSUANCE) (Expiration of bond)

** Name of Business and Name of Individual Must Be Included On This Form