ACREEMENT No. 2024-11



Local Public Agency Formal Contract

Contractor's Name	7		
Samron Midwest Contracting			
Contractor's Address	City	State Zip Code	
P.O. Box 1555	Murphysboro	IL 62966	
STATE OF ILLINOIS			
Local Public Agency	County	Section Number	
Franklin County	Franklin	21-00190-00-RS	
Street Name/Road Name	Ту	pe of Funds	
FAS 869 Elkville Blacktop	RBI		
CONTRACT BOND (when required)			
For a County and Road District Project Submitted/Approved Highway Commissioner Signature & Date Submitted/Approved		unicipal Project pproved/Passed	
County Engineer/Superintendent of HighwaysSignature & Date			
	Department Concurrence in approval Regional Engineer Signature		

Local Public Agency	Local Street/Road Name		County	Section Number
Franklin County	FAS 869 Elkville Blac	ktop	Franklin	21-00190-00-RS
THIS AGREEMENT, made and concluded the		2024 between	een the County	Public Agency Type
of Franklin Local Public Agency	known as the party of the fi			acting
its successor, and assigns, known as the pa	rty of the second part.		oonii dolo	<u>n</u>
For and in consideration of the payments and the party of the first part, and according to the with said party of the first part, at its own pro- complete the work in accordance with the plat this contract.	e terms expressed in the Boper cost and expense, to do	ond referring this controllation all the work, furnish a	act, the party of thall materials and al	ne second part agrees
It is also understood and agreed that the LPA				
Apprenticeship or Training Program Certifica	ition, and Contract Bond he	reto attached, and the	Plans for Section	21-00190-00-RS Section Number
Local Public Agency	approved by the Illinois De	partment of Transporta	ation on <u>03/13/2</u>	4 , are essential
documents of this contract and are a part he				
 IN WITNESS WHEREOF, the said parties had 	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
Attest:	The County Local Public Agency	of Frankli	in Name of Local P	ublic Agency
Clerk Signature & Date		Party of the First Part		3-11-1
Lew Wiles	By:	/	Mur	
(SEAL, if required by the LPA)		-	(If a Corporation)	
Althora: C		Corporate Name	(ii a corporation)	
e:		Samron Midu	ust Contract	una Inc.
Z:		President, Party of the		3/
	Ву:			
To a second			/	4.18.2024
(SEAL, if required by the LPA)		(If a Lin	mited Liability Corp	
· . ' / Y		LLC Name		/
	Ву:	Manager or Authorize	d Member, Party	of the Second Part
	-,.			
			(If a Partnership)	
$u \in \mathfrak{D} \stackrel{*_{\mathfrak{S}_{I_{A}}}}{\bullet} \stackrel{*_{\mathfrak{S}_{I_{A}}}}{\bullet} u_{2} \stackrel{*}{=} \cdots$		Partner Signature & [Date	
Attest: O p				
Secretary Signature & Date		Partner Signature & I	Date	
8 5	- ·			
4.18,202	4			
Telephone Management			Business under t	he firm name of
(SEAL, if required by the LPA)		Party of the Second I	Рап	
		Party of the Second F	(If an individual) Part Signature & D	
		Jan Jan San San San San San San San San San S	C.g.i.a.aio a D	

A GREEMENT No. 2024-12



Bond # B3301364

Contract Bond

Local Public Agency	County	Street Name/Road Name	Section Number		
Franklin County	Franklin	FAS 869 Elkville Blacktop	21-00190-00-RS		
Bond information to be returned to Local Public Ag	gency at 13034 Oddfe				
We, Samron Midwest Contracting, Inc., P	O Box 1536 Murph	Complete Address			
	Contractor's Name	e and Address	<u> </u>		
a/an Corporation organized und	er the laws of the State	of Illinois as PRI	NCIPAL, and		
The Cincinnati Insurance Company, 6200	SGilmore Rd, Fai	rfield, OH 45014			
as SURETY, are held and firmly bound unto the al	bove Local Public Agend	cy (thereafter referred to as "LPA") i	n the penal sum of		
Two hundred ninety-three thousand three	e hundred eighty-two	o and 58/100			
Dollars (\$293,382.58) lawful money	y of the United States, to	be paid to said LPA, the payment	of which we bind ourselves,		
successors and assigns jointly to pay to the LPA the	his sum under the condi	tions of this instrument.			
WHEREAS, THE CONDITION OF THE FOREGO with the LPA acting through its awarding authority and made a part hereof, as if written herein at leng accordance with the terms of said contract, and ha machinery furnished to such Principal for the purped damages to any person, firm, company or corpora any such labor, materials, apparatus, fixtures or merson, firm, company or corporation for the recover NOW, THEREFORE, if the said Principal shall permoney due or to become due for any labor, materi work, and shall commence and complete the work direct and indirect, that may be suffered or sustain work shall have been accepted, and shall hold the all respects fully and faithfully comply with all the potherwise it shall remain in full force and effect.	for the construction of wath, and whereby the sail as promised to pay all subse of performing such wition to whom any mone nachinery so furnished a ery of any such money. form said work in accordals, apparatus, fixtures within the time prescribed on account of such with LPA and its awarding a provisions, conditions and	vork on the above sections, which condition of Principal has promised and agree times of money due for any labor, many work and has further agreed to pay by may be due from the Principal, sugand that suit may be maintained on such that suit may be maintained on the principal of	ontract is hereby referred to ad to perform said work in terials, apparatus, fixtures or all direct and indirect bcontractor or otherwise for such bond by any such of ourpose of constructing such ad discharge all damages, not thereof and until the said a such damages and shall in this obligation shall be void;		
IN TESTIMONY WHEREOF, the said PRINCIPAL and the said SURETY have caused this instrument to be signed by their respective agents this 19th day of April, 2024					
Day Month and Year	-				
PRINCIPAL					
Company Name		Company Name			
Samron Midwest Contracting, Inc.					
Ву	В	у			
Signature & Date	S	ignature & Date			
A.	19.2024				
Attest	A	ttest			
Signature & Date 4.	19.2024	ignature & Date			
(If PRINCIPAL is a joint venture of two or more cor	ntractors, the company r	names and authorized signature of	each contractor must be		

affixed.)

STATE OF IL	
COUNTY OF WILLIAMSON	
I, HOLLY M FUKERON , a Notary Publi	c in and for said county, do hereby certify that
David Murray & Jessica Murray	
Insert name of Individuals signing who is/are each personally known to me to be the same person(s) whose of PRINCIPAL, appeared before me this day in person and acknowledge instrument freely and voluntarily for the uses and purposes therein set for	e name(s) is/are subscribed to the foregoing instrument on behalf ed respectively, that he/she/they signed and delivered said
Given under my hand and notarial seal this Day day of	April, 2014 Month, Year
	Notary Public Signature & Date
(SEAL) NOTABY PUBLIC Notary Public - State of Illinois STATE OF ILLINOIS My Commission Expires September 05, 2025	#W 1014 Date commission expires 9.5. 1015
SURE"	TY
Name of Surety	Title Attorney-in-fact
The Cincinnati Insurance Company	By: Karna Swalls
*	
STATE OF IL	
COUNTY OF WILLIAMSON	
	in and for said county, do hereby certify that
Notary Name Karna Swalls	
Insert name of Individuals sign	ing on behalf of SURETY
who is/are each personally known to me to be the same person(s) whos of SURETY, appeared before me this day in person and acknowledged freely and voluntarily for the uses and purposes therein set forth.	e name(s) is/are subscribed to the foregoing instrument on behalf
Given under my hand and notarial seal this 19th Day	oril, 2024 Month, Year
	Notary Public Signature & Date
JOSEPH EVERETT GROSS OFFICIAL SEAL PUBLIC FORMANDE COMMISSION No. 987972 COMMISSION No. 987972	Jacob Erett Prass 4-19-24
My Commission Expires March 07, 2028	Date commission expires 3-7-28
Approved this 20th day of May, 2024 . Day Month, Year	
Attest:	
ocal Public Agency Clerk Signature & Date	Awarding Authority
1 -20	Franklin Country Board
Hens Wilson	Awarding Authority Signature & Date
C	() Low m.
Cawry Clerk	J. May 11 por

THE CINCINNATI INSURANCE COMPANY THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Jared Sheffer; Karna Swalls; Debra K. Hedrick and/or Jennifer Gill

of Carterville, Illinois

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

Any such obligations in the United States, up to Forty Million and No/100 Dollars (\$40,000,000.00).

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.





STATE OF OHIO
COUNTY OF BUTLER

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stapen & Vertre

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.



Keith Collett, Attorney at Law Notary Public – State of Ohio

My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 19th

day of April

2024





BN-1457 (3/21)