



Bond B3316963

**Contract Bond**

Local Public Agency	County	Street Name/Road Name	Section Number
Franklin County	Franklin	Freeman Spur Blacktop	24-00196-00-RS

Bond information to be returned to Local Public Agency at 13034 Oddfellow Lane, Benton, IL 62812  
Complete Address

We, Samron Midwest Contracting, P.O. Box 1555, Murphysboro, IL 62966  
Contractor's Name and Address

a/an Corporation organized under the laws of the State of Illinois as PRINCIPAL, and  
State

The Cincinnati Insurance Company, 6200 S Gilmore Rd, Fairfield, OH 45014  
Surety Name and Address

as SURETY, are held and firmly bound unto the above Local Public Agency (hereafter referred to as "LPA") in the penal sum of  
Six hundred fifty three thousand, two hundred seventy five dollars and ninety two cents

Dollars (\$653,275.92) lawful money 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 this sum under the conditions of this instrument.

WHEREAS, THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH that the said Principal has entered into a written contract with the LPA acting through its awarding authority for the construction of work on the above sections, which contract is hereby referred to and made a part hereof, as if written herein at length, and whereby the said Principal has promised and agreed to perform said work in accordance with the terms of said contract, and has promised to pay all sums of money due for any labor, materials, apparatus, fixtures or machinery furnished to such Principal for the purpose of performing such work and has further agreed to pay all direct and indirect damages to any person, firm, company or corporation to whom any money may be due from the Principal, subcontractor or otherwise for any such labor, materials, apparatus, fixtures or machinery so furnished and that suit may be maintained on such bond by any such person, firm, company or corporation for the recovery of any such money.

NOW, THEREFORE, if the said Principal shall perform said work in accordance with the terms of said contract, and shall pay all sums of money due or to become due for any labor, materials, apparatus, fixtures or machinery furnished to it for the purpose of constructing such work, and shall commence and complete the work within the time prescribed in said contract, and shall pay and discharge all damages, direct and indirect, that may be suffered or sustained on account of such work during the time of the performance thereof and until the said work shall have been accepted, and shall hold the LPA and its awarding authority harmless on account of any such damages and shall in all respects fully and faithfully comply with all the provisions, conditions and requirements of said contract, then this obligation shall be void; otherwise it shall remain in full force and effect.

IN TESTIMONY WHEREOF, the said PRINCIPAL and the said SURETY have caused this instrument to be signed by their respective agents this 4th day of June, 2025  
\_\_\_\_\_  
Day \_\_\_\_\_ Month and Year

**PRINCIPAL**

Company Name

Samron Midwest Contracting, Inc.

Company Name

By

Signature & Date

By

Signature & Date

Attest

Signature & Date

Attest

Signature & Date

(If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.)

STATE OF IL

COUNTY OF Williamson

I, Holly M. Fulkerson  
Notary Name

, a Notary Public in and for said county, do hereby certify that

David Murray & Jessica Murray

Insert name of Individuals signing on behalf of PRINCIPAL

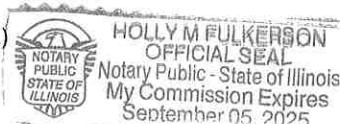
who is/are each personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument on behalf of PRINCIPAL, appeared before me this day in person and acknowledged respectively, that he/she/they signed and delivered said instrument freely and voluntarily for the uses and purposes therein set forth.

Given under my hand and notarial seal this

4  
Day

day of JUNE, 2025  
Month, Year

(SEAL)



Notary Public Signature & Date

Holly M. Fulkerson

6.4.2025

Date commission expires 9.5.2025

#### SURETY

Name of Surety

The Cincinnati Insurance Company

Title Attorney-in-fact

By:

Karna Swalls

STATE OF IL

COUNTY OF WILLIAMSON

I, Kassandra Orilla Stroud

Notary Name

Karna Swalls

Insert name of Individuals signing on behalf of SURETY

who is/are each personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that he/she/they signed and delivered said instrument freely and voluntarily for the uses and purposes therein set forth.

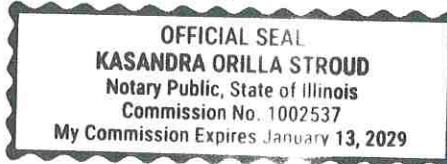
Given under my hand and notarial seal this

4th  
Day

day of June, 2025

Month, Year

(SEAL)



Notary Public Signature & Date

Kassandra Orilla Stroud

Date commission expires 1/13/2029

Approved this 21st day of July 2025  
Day Month, Year

Attest:

Local Public Agency Clerk Signature & Date

County

Local Public Agency Type

Awarding Authority

Franklin County

Awarding Authority Signature & Date

**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

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 4th day of June , 2025



BN-1457 (3/21)

DATE (MM/DD/YYYY)  
6/4/2025

## CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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	AssuredPartners 10419 Fleming Rd Carterville, IL 62918	CONTACT NAME: <b>Karna Swalls</b>
		PHONE (A/C, No, Ext): (618) 852-1902 FAX (A/C, No): (618) 942-7346 E-MAIL ADDRESS: <a href="mailto:karna.swalls@assuredpartners.com">karna.swalls@assuredpartners.com</a>
INSURED		INSURER(S) AFFORDING COVERAGE NAIC #
		INSURER A: Charter Oak Fire Ins Co 25615
		INSURER B: St. Paul Protective Insurance Company 19224
		INSURER C: Travelers Property Casualty Company Of America 25674
		INSURER D: Travelers Commercial Insurance Company 36137
		INSURER E: Cincinnati Insurance Company 10677
		INSURER F:

## COVERS

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				X CO7Y768954	9/17/2024	9/17/2025	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
								MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE	\$ 2,000,000	
								PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$	
	GENL AGGREGATE LIMIT APPLIES PER:							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	POLICY	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					BODILY INJURY (Per person)	\$	
	OTHER:							BODILY INJURY (Per accident)	\$	
B	AUTOMOBILE LIABILITY				X 8107Y704621	9/17/2024	9/17/2025	PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS		X					\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY								
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			X CUP7Y780525	9/17/2024	9/17/2025	EACH OCCURRENCE	\$ 5,000,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$	10,000							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X UB7Y76820A	9/17/2024	9/17/2025	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH)	<input checked="" type="checkbox"/> N		N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
E	Commercial Umbrella				EXS 0590052	9/17/2024	9/17/2025	Excess Liability		
D	Equipment Floater				6307Y834661	9/17/2024	9/17/2025	Rented/Leased Equip		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Franklin County, Freeman Spur Blacktop, Section 24-00196-00-RS

The coverage and limits conform to the minimums required by Article 107.27 of the Standard Specifications for Road and Bridge Construction. The insurance covers any and all work performed for the IL Dept of Transportation and names the Department, its officers, & employees and the Franklin County Highway Department, Franklin County, IL and their officers, employees, and agents as additional insureds w/respect to the policies listed above. A Waiver of Subrogation is included in favor of additional insureds in accordance with Article 107.26. Coverage includes a 30 day notice of cancellation to certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

Illinois Department Of Transportation  
2300 S Dirksen Parkway  
Springfield, IL 62764

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

*Karna L. Swalls*