

THE HARTFORD

Bond of NOTARY PUBLIC

20180518000171740 1/4 \$36.00
Shelby Cnty Judge of Probate, AL
05/18/2018 10:01:32 AM FILED/CERT

State of Alabama
Shelby County

Bond No. 14BSBH5180
Amount: 25,000

KNOW ALL MEN BY THESE PRESENTS, That We Carlos M. Lecaros,
Alabama, as Principal, and Hartford Fire Insurance Company, a
corporation under the laws of the State of Connecticut, domiciled at Hartford,
in said State, authorized and licensed to do a surety business in Alabama, as Surety, are held and
firmly bounden unto the State of Alabama, in the sum of Twenty-Five Thousand
(\$ 25,000) DOLLARS for the payment of which, we and each of us bind ourselves, our
and each of our heirs, executors and administrators, jointly and severally, firmly by these
presents.

SIGNED, SEALED AND DATED THIS 12th day of April, 2018.

THE CONDITION OF THIS OBLIGATION IS AS FOLLOWS: Whereas, the above bounden
Carlos M. Lecaros was duly appointed to the office of Notary Public in and
for Alabama, State aforesaid on the 18 day of May, 2018, for
the term of four years from the 18 day of May, 2018.

NOW, THEREFORE, If the above bounden principal shall faithfully perform all the duties of
said office during his continuance therein, or discharges any of the duties thereof, then this
obligation to be void, otherwise to remain in full force and effect.

WITNESSES:

As to Principal

Melissa Unow
Dan Mank
As to Surety

Carlos M. Lecaros

Principal

Hartford Fire Insurance Company

BY

Joanna M. Carson,

Attorney-in-fact

STATE OF ALABAMA }
Shelby COUNTY }

OATH OF OFFICE

I, Carlos Lecaros, solemnly swear that I will support the constitution of the United
States, and the Constitution of the State of Alabama, so long as I continue a citizen thereof; and that I will faithfully
and honestly discharge the duties of the office upon which I am about to enter to the best of my ability. So help me
God.

Subscribed and sworn to before me this 18 day of May, 2018

My Commission Expires: MCE 1/22/22

Approved 5/18/18

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-12

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: JAMES A SCOTT & SON INC

Agency Code: 14-730214

- ☒ 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 Joanna M. Carson

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. 14BSBHVS180

Naming Carlos M. Lecaros as Principal,
and Shelby County Commission as Oblige,

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 6, 2015 the Companies have caused these presents to be signed by its Senior 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.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

ss. Hartford

COUNTY OF HARTFORD

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that 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 he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2021

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 April 12, 2018.

Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President



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**NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE POLICY**

HARTFORD FIRE INSURANCE COMPANY will pay on behalf of:

Named Insured: Carlos M. Lecaros

Limit of Insurance: \$25,000 (U.S.)

Address: 1313 Old Cahaba Trace

Deductible: None

Helena, AL 35080

Policy Period: From: April 12, 2018 To: April 11, 2022

Throughout this policy the words you and your refer to the Named Insured. The words we, us and our, refer to the Company providing this insurance.

AGREEMENT

In return for payment of premium when due and subject to all the terms of this policy, we agree with you as follows:

SECTION I – COVERAGE**A. Insuring Agreement**

We will pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of errors or omissions arising out of the performance of the services as a notary public for any person or organization who is not an insured under this policy.

This policy applies only if:

1. The error or omission takes place within the jurisdiction where licensed between the From Date and the To Date of the Policy Period, but the claim or suit must be brought within the United States of America.
2. Claim for damages must be within the limitations period pertaining to a Notary Public.
3. At the time you first applied for your policy you had no knowledge of any claim or suit or of any occurrence which might reasonably be expected to result in a claim or suit. Any such claim or suit or occurrence you had knowledge of when you first so applied is not covered under this policy. A claim shall be considered as being first made:
 - a. When written claim is first made against an insured for damages; or
 - b. When written notice is received from an insured by us of an occurrence which may result in a claim under this policy;whichever happens first.

If more than one claim is made for damages arising out of the same occurrence, all subsequent claims shall be considered as having been made at the time the earliest claim arising out of the occurrence was made.

We have the right and duty to defend any claim or suit seeking such damages, but:

1. The amount we will pay for damages shall not exceed in the aggregate
(Not valid for over \$50,000.)
2. We may, at our discretion, investigate any occurrence and settle any claim or suit that may result; and
3. Our right and duty to defend end when we have used up the applicable limits of liability in the payment of judgments or settlements or claim expenses. This applies both to claims and suits pending at the time and those filed thereafter.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under this policy.

B. Exclusions

This policy does not apply to:

1. Errors or omissions expected or intended from the standpoint of the insured or liability arising out of any dishonest, fraudulent, criminal or malicious act or omission of any insured, or liability arising out of the willful violation of a penal statute or ordinance committed by or with the knowledge or consent of the insured.
2. Liability arising out of the certification or acknowledgment of a signature without the physical appearance before the insured or the person who is, or claims to be, the person signing the instrument.

SECTION II – DEFINITIONS

“Claim” means a demand received by any insured for damages alleging injury or damage to persons or property, including the institution of a suit for such damages against any insured.

“Claim expenses” means all expenses incurred by the insured or us in the investigation, negotiation, arbitration, settlement or defense of any claim or suit covered by this policy, whether paid by us or the insured, but the term claim expenses does not include salaries of the insured’s regular employees or our employees, or independent adjusters.

"Occurrence" is an event where a claim may follow which is covered under this policy.

"Damages" means monetary judgment, award or settlement for direct compensatory damages, but does not include fines or penalties.

SECTION III – CLAIM EXPENSES

We will pay, with respect to any claim or suit we defend:

1. All claim expenses, all costs taxed against the insured in any suit defended by us and all interest on the entire amount of any judgment that does not exceed 50% of the limit of this policy.

Any claim expense payment will not reduce the limit of liability.

SECTION IV – LIMITS OF INSURANCE-DEDUCTIBLE

1. Limits of Insurance

- a. The Limits of Insurance shown on Page 1 of this Policy are the most we will pay regardless of the number of claims.
- b. In addition to the Aggregate Limit, the most we will pay for all claim expenses is 50% of the Aggregate regardless of the number of claims.

SECTION V – CONDITIONS

1. Premium

The Named Insured:

- a. Is responsible for the payment of all premiums; and
- b. Will be the payee for any return premium we pay.
- c. If the Insured cancels, the premium shall be fully earned. If the Company cancels, earned premium shall be computed pro rata.

2. Examination of Your Books and Records

We may examine your records as they relate to this policy at any time.

3. Duties in the Event of Occurrence, Claim or Suit

- a. You must see to it that we are notified as soon as practicable of an occurrence which may result in a claim under this policy.

Notice of an occurrence is not notice of a claim.

- b. If a claim is received by any insured, you must
 - (1) Immediately record the specifics of the claim and the date received; and
 - (2) notify us as soon as possible.

- (3) You and any other involved insured must immediately send us copies of any demands, notices, summonses or legal papers in connection with the claim or suit.

- c. No insured will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, without our consent.

4. Legal Action Against Us

No person or organization has a right under this policy:

- a. To join us as a party or otherwise bring us into a suit asking for damages from any insured.

5. Cancellation

- a. The Named Insured may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- b. We may cancel this policy by mailing or delivering to the Named Insured written notice of cancellation.
 - (1) 10 days before the effective date of cancellation, if we cancel for nonpayment of premium; or
 - (2) 60 days before the effective date of cancellation, if we cancel for any other reason.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. Notice of cancellation will state the effective date of cancellation. The Policy Period will end on that date.
- e. If this policy is cancelled, premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation. We will send the Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the Named Insured cancels, premium shall be fully earned.



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This policy has been signed by the Company's President and a Secretary

Michael S. Wilder

Michael S. Wilder, Secretary

Ramona Ayer

Ramona Ayer, Chairman & CEO