

Contract #382

Clerk's Contract and Agreement Cover Page

Year: 2008

Legistar File ID#: 2007-0561

Multi Year:

Amount \$466,900.00

Contract Type:

Small Construction/Inst

Contractor's Name:

Mecon Industries Inc

Contractor's AKA:

Execution Date:

9/26/2007

Termination Date:

Renewal Date:

Department:

Public Works

Originating Person:

John Ingram

Contract Description: Main Pump Station Pump Upgrade



Friday, October 12, 2007

MAYOR  
Daniel J. McLaughlin

VILLAGE CLERK  
David P. Maher

14700 S. Ravinia Ave.  
Orland Park, IL 60462  
(708) 403-6100



VILLAGE HALL

TRUSTEES  
Bernard A. Murphy  
Kathleen M. Fenton  
Brad S. O'Halloran  
James V. Dodge  
Edward G. Schussler III  
Patricia Gira

October 15, 2007

Mr. John D. Curran  
Mecon Industries, Inc.  
2703 Bernice Road  
Lansing, Illinois 60438

**RE: *NOTICE TO PROCEED***  
***High Service Pumps Upgrade***

Dear Mr. Curran:

This notification is to inform you that the Village of Orland Park has received all necessary contracts, certifications, insurance documents and bonds in order for work to commence on the above stated project as of October 12, 2007.

Please contact John Ingram at 708-403-6104 to arrange the commencement of the work.

The Village has processed Purchase Order #045072 for this contract/service and faxed this to your company. It is imperative that this number on the Purchase Order be noted on all invoices, correspondence, etc. All invoices should be sent directly to the Accounts Payable Department at 14700 S. Ravinia Ave. Orland Park, IL 60462. Also, your final invoice for this contract/service should state that it is the final invoice pertaining to that Purchase Order.

For your records, I have enclosed one (1) original executed contract dated September 26, 2007 in an amount not to exceed Four Hundred Sixteen Thousand Nine Hundred and No/100 (\$416,900.00) Dollars. If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski  
Contract Administrator

cc: John Ingram  
Beth Vogt

# BILL TO: VILLAGE OF ORLAND PARK

Attention: Accounts Payable  
 14700 Ravinia Avenue  
 Orland Park, Illinois 60462-3167  
 Phone: (708) 403-6180  
 Fax: (708) 403-9212



Page: 1

Purchase Order Number: 045072

Purchase Order Date: 09/27/07

## PURCHASE ORDER

To:

MECCON INDUSTRIES, INC.  
 2703 BERNICE ROAD  
 P.O. BOX 206  
 LANSING, IL 60438-0206

Ship to:

VILLAGE OF ORLAND PARK  
 ----  
 ----, XX ----

Vendor No. 6317		Your invoice MUST mirror the items on the Purchase Order. Failure to include the PO number on the invoice could result in invoice payment delays.				Sales Tax Exempt # E9998 1807 05	
Deliver By	Vendor Phone Number	Vendor Fax Number		Terms			
10/05/07	TEL# (708) 474-8300	FAX# (708) 474-8310		NET			
Confirm To		Confirm By		Requisitioned By			
		JUDY KONOW		JOHN J. INGRAM			
Freight	Contract Number	Account Number	Project	Requisition No.	Requisition Date		
		03160044337060		46224	09/24/07		
Line#	Quantity	UOM	Item Number and Description	Unit Cost	Extended Cost		
1	416900.00	DL	MPS HIGH SERVICE PUMP UPGRADES	1.0000	416900.00		
					SUB-TOTAL 416900.00		
					TOTAL 416900.00		
REMARKS: BOARD APPROVED 9/17/07 2007-0561							

Authorized By: Judy Konow Faxed: 10-12-07 Phoned: \_\_\_\_\_ Mailed: \_\_\_\_\_

# PERFORMANCE BOND

Bond No. 929434951

Any singular reference to Contractor, Surety, Owner, or other party shall be considered plural where applicable.  
EXECUTED IN TRIPLICATE ORIGINALS

CONTRACTOR (Name and Address):  
Mecon Industries, Inc.  
2703 Bernice Road, Lansing, IL 60438

SURETY (Name and Address of Principal Place of Business):  
Continental Casualty Company  
CNA Center  
Chicago, IL 60685

OWNER (Name and Address):  
Village of Orland Park  
14700 S. Ravinia Ave.  
Orland Park, IL 60462

## CONTRACT

Date: September 26, 2007

Amount: Four Hundred Sixteen Thousand Nine Hundred and No/100 Dollars (\$416,900.00)

Description (Name and Location): Replacement of two high service pumps at the Village of Orland Park Main Pumping Station, 8800 Thistlewood Lane, Orland Park, IL

## BOND

Bond Number: 929434951

Date (Not earlier than Contract Date): October 10, 2007


Amount: Four Hundred Sixteen Thousand Nine Hundred and No/100 Dollars (\$416,900.00)

Modifications to this Bond Form: None

Surety and Contractor, intending to be legally bound hereby, subject to the terms printed on the reverse side hereof, do each cause this Performance Bond to be duly executed on its behalf by its authorized officer, agent, or representative.

### CONTRACTOR AS PRINCIPAL

Company: Mecon Industries, Inc.

Signature:  (Seal)

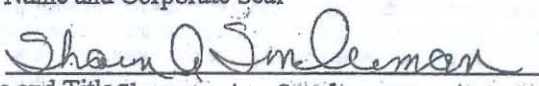
Name and Title:  
Paul R. Curran  
Vice President

### SURETY

Continental Casualty Company

Signature: \_\_\_\_\_ (Seal)

Surety's Name and Corporate Seal

By:   
Signature and Title: Sharon A. Sonderman, Attorney-in-Fact  
(Attach Power of Attorney)

(Space is provided below for signatures of additional parties, if required.)

Attest: Jurat Attached

Signature and Title

### CONTRACTOR AS PRINCIPAL

Company:

Signature: \_\_\_\_\_ (Seal)

Name and Title:

### SURETY

Signature: \_\_\_\_\_ (Seal)

Surety's Name and Corporate Seal

By: \_\_\_\_\_  
Signature and Title  
(Attach Power of Attorney)

Attest: \_\_\_\_\_  
Signature and Title:

# PAYMENT BOND

Bond No. 929434951

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EXECUTED IN TRIPLICATE ORIGINALS

CONTRACTOR (Name and Address):  
Meccon Industries, Inc.  
2703 Bernice Road, Lansing, IL 60438

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Continental Casualty Company  
CNA Center  
Chicago, IL 60685

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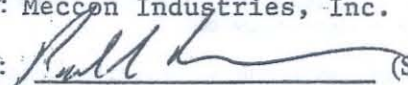
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Modifications to this Bond Form: None

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Company: Meccon Industries, Inc.

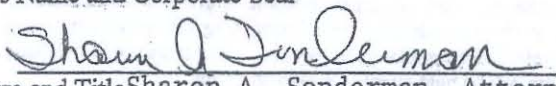
Signature:  (Seal)  
Name and Title:

Paul R. Curran  
Vice President

### SURETY

Continental Casualty Company

\_\_\_\_\_  
(Seal)  
Surety's Name and Corporate Seal

By:   
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(Space is provided below for signatures of additional parties, if required.)

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Signature and Title

### CONTRACTOR AS PRINCIPAL

Company:

Signature: \_\_\_\_\_ (Seal)  
Name and Title:

### SURETY

\_\_\_\_\_  
(Seal)  
Surety's Name and Corporate Seal

By: \_\_\_\_\_  
Signature and Title  
(Attach Power of Attorney)

Attest: \_\_\_\_\_  
Signature and Title:

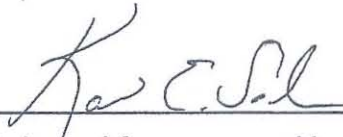
SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

State of Illinois }  
County of DuPage } ss:

On this 10th day of October in the year two thousand seven, before me, Karen E. Socha, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Sharon A. Sonderman, known to me to be the duly authorized Attorney-in-fact of the Continental Casualty Company and the same person whose name is subscribed to the within instrument as the Attorney-in-fact of said Company, and the said Sharon A. Sonderman duly acknowledged to me that she subscribed the name of the Continental Casualty Company thereto as Surety and her own name as Attorney-in-fact. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

My Commission Expires

01/13/2008



Notary Public in and for

Karen E. Socha

County, State of

DuPage, Illinois



POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois corporation, National Fire Insurance Company of Hartford, an Illinois corporation, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania corporation (herein called "the CNA Companies"), are duly organized and existing corporations having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Theresa M Adams, Mark R Malley, Sharon Sinople, Harold Miller Jr, Karen E Socha, Sharon A Sonderman, William T Krumm, Randall Moon, Jon A Schroeder, Arlene M Filipski, Individually

of Itasca, IL, their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their corporations and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Boards of Directors of the corporations.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Senior Vice President and their corporate seals to be hereto affixed on this 14th day of May, 2007.



Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

[Signature of Thomas P. Stillman]

Thomas P. Stillman Senior Vice President

State of Illinois, County of Cook, ss:

On this 14th day of May, 2007, before me personally came Thomas P. Stillman to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Chicago, State of Illinois; that he is a Senior Vice President of Continental Casualty Company, an Illinois corporation, National Fire Insurance Company of Hartford, an Illinois corporation, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania corporation described in and which executed the above instrument; that he knows the seals of said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said corporations and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations.



My Commission Expires September 17, 2009

[Signature of Eliza Price]
Eliza Price Notary Public

CERTIFICATE

I, Mary A. Ribikawskis, Assistant Secretary of Continental Casualty Company, an Illinois corporation, National Fire Insurance Company of Hartford, an Illinois corporation, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania corporation do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Law and Resolution of the Board of Directors of the corporations printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporations this

10 day of October, 2007



Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

[Signature of Mary A. Ribikawskis]
Mary A. Ribikawskis Assistant Secretary

STATE OF Illinois  
COUNTY OF Cook ss:

On this 10<sup>th</sup> day of October, 2007, before me personally appeared Paul R. Curran, to me known, who, being by me duly sworn, did depose and say: that he resides at 2703 Bernice Rd., Lansing, IL 60438, that he is the Vice President of Mecon Industries, Inc., the corporation described in and which executed the annexed instrument; that he knows the corporate seal of said corporation, that the seal affixed to said instrument in such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; that he signed his name thereto by like order, and that the liabilities of said corporation do not exceed its assets as ascertained in the manner provided by law.

Notary Public in and for the above County and State

Randall Blew

My commission expires





# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/07

PRODUCER <b>Arthur J Gallagher RMS, Inc.</b> 2 Pierce Place Itasca, IL 60143	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED  <b>Mecon Industries, Inc.</b> PO Box 206 Lansing, IL 60438	INSURER A: <b>Old Republic Insurance Co.</b>	24147
	INSURER B: <b>Illinois Union Insurance Company</b>	27960
	INSURER C: <b>St. Paul Surplus Lines Insurance Co.</b>	30481
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	MWZY57496	04/01/07	04/01/08	EACH OCCURRENCE	\$1,000,000
						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
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Physical Damage	MWTB19827	04/01/07	04/01/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	G22022878002	04/01/07	04/01/08	EACH OCCURRENCE	\$10,000,000
						AGGREGATE	\$10,000,000
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	MWC115134	04/01/07	04/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
C		OTHER Excess over primary umbrella occurrence form	QY01225412	04/01/07	04/01/08	\$15,000,000 Each Occ	\$15,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: High Service Pumps Upgrade

The following are shown as additional insureds with respect to  
(See Attached Descriptions)

**CERTIFICATE HOLDER**

Village of Orland Park  
14700 S. Ravinia Ave.  
Orland Park, IL 60462

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Michael R. Beach*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## DESCRIPTIONS (Continued from Page 1)

General Liability coverage as evidenced herein on a primary/non contributory basis as required by written contract with respect to work performed by the named insured. A waiver of subrogation in favor of the following is included under the General Liability and Workers' Compensation coverage as evidenced herein as required by written contract.

Excess Liability follows form.

The Village of Orland Park and their respective officers, trustees, directors, employees and agents., and others, as required by written contract

POLICY NUMBER: MWZY57496

**U-917 (8-89) OLD REPUBLIC INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED AMENDMENT  
(PRIMARY AND NON - CONTRIBUTORY)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

As respects any person(s) or organization(s) included as an additional insured under endorsement CG 2037 (Additional Insured - Owners, Lessees Or Contractors - Completed Operations) and/or CG 2010 (Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization) and with whom you have agreed in a written contract, agreement or permit to provide primary insurance on a non-contributory basis, this insurance will be primary to and non-contributing with any other insurance available to such person(s) or organization(s) however this endorsement does not apply to any additional insured named on endorsement CG 20 37 and/or CG 2010 that are involved in a "consolidated (Wrap Up) insurance program".

"Consolidated (Wrap Up) insurance program" means a construction, erection or demolition project for which the prime contractor/project manager or owner of the construction project has secured Commercial General Liability Insurance or other similar insurance under one or more policies issued specifically for "bodily injury", "property damage" or "personal and advertising injury" covering some or all of the contractors or subcontractors involved in the construction, erection or demolition project otherwise referred to as an Owner Controlled Insurance Program (O.C.I.P.) or Contractor Controlled Insurance Program (C.C.I.P.).

#

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 24 04 10 93

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

**ALL PERSONS OR ORGANIZATIONS AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

POLICY NUMBER: MWC 115134 00

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

#### SCHEDULE

ON FILE WITH COMPANY

DATE OF ISSUE: 05-18-07

1983 National Council on Compensation Insurance.

INSURED COPY

# PERFORMANCE BOND

Bond No. 929434951

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Chicago, IL 60685

OWNER (Name and Address):  
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## CONTRACT

Date: September 26, 2007

Amount: Four Hundred Sixteen Thousand Nine Hundred and No/100 Dollars (\$416,900.00)

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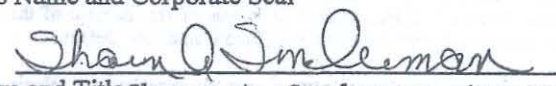
Signature:  (Seal)

Name and Title:  
Paul R. Curran  
Vice President

### SURETY

Continental Casualty Company

Surety's Name and Corporate Seal

By:   
Signature and Title Sharon A. Sonderman, Attorney-in-Fact  
(Attach Power of Attorney)

(Space is provided below for signatures of additional parties, if required.)

Attest: Jurat Attached

Signature and Title

### CONTRACTOR AS PRINCIPAL

Company:

Signature: \_\_\_\_\_ (Seal)

Name and Title:

### SURETY

Surety's Name and Corporate Seal

By: \_\_\_\_\_  
Signature and Title  
(Attach Power of Attorney)

Attest: \_\_\_\_\_  
Signature and Title:

# PAYMENT BOND

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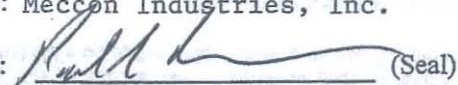
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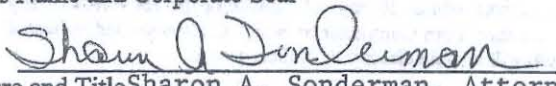
Signature:  (Seal)

Name and Title: Paul R. Curran  
Vice President

### SURETY

Continental Casualty Company

\_\_\_\_\_  
Surety's Name and Corporate Seal

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(Space is provided below for signatures of additional parties, if required.)

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Signature and Title

### CONTRACTOR AS PRINCIPAL

Company:

Signature: \_\_\_\_\_ (Seal)

Name and Title:

### SURETY

\_\_\_\_\_  
Surety's Name and Corporate Seal

By: \_\_\_\_\_  
Signature and Title  
(Attach Power of Attorney)

Attest: \_\_\_\_\_  
Signature and Title:



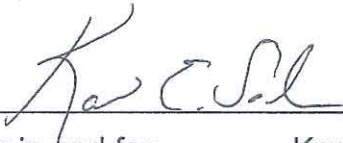
SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

State of Illinois }  
County of DuPage } SS:

On this 10th day of October in the year two thousand seven, before me, Karen E. Socha, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Sharon A. Sonderman, known to me to be the duly authorized Attorney-in-fact of the Continental Casualty Company and the same person whose name is subscribed to the within instrument as the Attorney-in-fact of said Company, and the said Sharon A. Sonderman duly acknowledged to me that she subscribed the name of the Continental Casualty Company thereto as Surety and her own name as Attorney-in-fact. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

My Commission Expires

01/13/2008



Notary Public in and for

Karen E. Socha

County, State of

DuPage, Illinois



POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois corporation, National Fire Insurance Company of Hartford, an Illinois corporation, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania corporation (herein called "the CNA Companies"), are duly organized and existing corporations having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Theresa M Adams, Mark R Malley, Sharon Sinople, Harold Miller Jr, Karen E Socha, Sharon A Sonderman, William T Krumm, Randall Moon, Jon A Schroeder, Arlene M Filipski, Individually

of Itasca, IL, their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their corporations and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Boards of Directors of the corporations.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Senior Vice President and their corporate seals to be hereto affixed on this 14th day of May, 2007.



Continental Casualty Company  
National Fire Insurance Company of Hartford  
American Casualty Company of Reading, Pennsylvania

Thomas P. Stillman Senior Vice President

State of Illinois, County of Cook, ss:

On this 14th day of May, 2007, before me personally came Thomas P. Stillman to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Chicago, State of Illinois; that he is a Senior Vice President of Continental Casualty Company, an Illinois corporation, National Fire Insurance Company of Hartford, an Illinois corporation, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania corporation described in and which executed the above instrument; that he knows the seals of said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said corporations and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations.



My Commission Expires September 17, 2009

  
Eliza Price Notary Public

CERTIFICATE

I, Mary A. Ribikawskis, Assistant Secretary of Continental Casualty Company, an Illinois corporation, National Fire Insurance Company of Hartford, an Illinois corporation, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania corporation do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Law and Resolution of the Board of Directors of the corporations printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporations this

10<sup>th</sup> day of October, 2007.



Continental Casualty Company  
National Fire Insurance Company of Hartford  
American Casualty Company of Reading, Pennsylvania

  
Mary A. Ribikawskis Assistant Secretary

STATE OF Illinois  
COUNTY OF Cook ss:

On this 10<sup>th</sup> day of October, 2007, before me personally appeared Paul R. Curran, to me known, who, being by me duly sworn, did depose and say: that he resides at 2703 Bernice Rd., Lansing, IL 60438, that he is the Vice President of Mecon Industries, Inc., the corporation described in and which executed the annexed instrument; that he knows the corporate seal of said corporation, that the seal affixed to said instrument in such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; that he signed his name thereto by like order, and that the liabilities of said corporation do not exceed its assets as ascertained in the manner provided by law.

Notary Public in and for the above County and State

Randall B Blew

My commission expires

