



McHenry County  
Purchasing Department  
2200 N Seminary Avenue  
Woodstock, IL 60098

**Bid 22-5557**  
**McHenry County Division of Transportation**  
**(MCDOT) Office Roof Replacement**

Contact Person:

Djuana Leonard, C.P.M., Procurement Specialist Email: [dmleonard@mchenrycountyil.gov](mailto:dmleonard@mchenrycountyil.gov)

**Bid Due Date and Time: *November 16, 2022 no later than 9:00 a.m. (CST)***

PDFs should be emailed to [dmleonard@mchenrycountyil.gov](mailto:dmleonard@mchenrycountyil.gov).

Electronic bids accepted, no onsite bid opening.

**MANDATORY COVER PAGE (1/6)**

**PLEASE TYPE or PRINT CLEARLY**

Company: Top Roofing Date: 11/12/2022

Contact Person: Abner Catugy

Address: 2206 N. Main St. Ste. 204 City: Wheaton State: IL Zip Code: 60187

Email Address: toproofinc@gmail.com

Telephone Number: 630.677.8413

The attention of bidders is directed to the McHenry County Purchasing Ordinance, amended June 1, 2021. This Ordinance is incorporated by reference into this bid as if it were contained herein. If you have not received a copy of the above Ordinance and desire a copy, please contact the Purchasing office.

Any communication regarding this bid between the date of issue and date of award is required to go through the Procurement Specialist listed above (or the Purchasing Administrative Specialist). Unauthorized contact with other McHenry County staff or officers is strictly forbidden.

Bid Page

LUMP SUM COST: \$ 154,000.00

Written lump sum cost: One hundred and fifty-four thousand dollars

Exceptions to this Bid: \_\_\_\_\_

**MANDATORY PAGE (3of6)**  
**REFERENCES**

List three (3) references, other than The County of McHenry, that you have done similar work, service or supplied similar products to within the last twelve (12) months. **It is the bidder's responsibility to ensure references respond upon request. Email addresses are required.**

Entity: Peoria Park District  
Address: 1125 W. Lake Ave. City, State and Zip Code: Peoria IL 61614  
Telephone Number: 309.678.0560 Contact Person David Vorhees  
**Email Address:** dvoorhees@peoriaparks.org

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Entity: Champaign County Board  
Address: 1776 E. Washington St. City, State and Zip Code: Urbana IL 61802  
Telephone Number: 217.493.8547 Contact Person Dana Brenner  
**Email Address:** dbrenner@co.champaign.il.us

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Entity: Carroll County Courthouse  
Address: 301 N. Main St. City, State and Zip Code: Mt. Carroll IL 61053  
Telephone Number: 815.266.9285 Contact Person Sheriff Ryan Kloeping  
**Email Address:** rkloeping@carroll-county.net

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**MANDATORY PAGE (4of6)**  
**CERTIFICATONS and SIGNATURE PAGE**

I acknowledge to have read, understand, and agree to the **Bid or Request Documents** Provided for this Bid or Request as posted on McHenry County's Website  Yes

I acknowledge to have read, understand, and agree to the policies contained within the **McHenry County Purchase Ordinance**, amended June 1, 2021  Yes

I acknowledge I have read, understand, and agree to the **Standard Terms and Conditions** provided for this Bid or Request as posted on McHenry County's website.  Yes

I acknowledge to have read, understand, and agree to all **Addenda** provided for this Bid or Request as posted on McHenry County's website.  Yes

Vendor certifies it has reviewed, completed & submitted the **Mandatory Page 5of6 County of McHenry Status of Ownership Information**  Yes

I acknowledge there to be **six (6) Mandatory Pages, including the W-9 (6of6)** to be completed and/or submitted for my Bid or Submission to be considered.  Yes

Submitter certifies it has not been barred from contracting with a unit of State or Local Government because of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, as amended.  Yes

Vendor certifies it is aware that all contracts for the Construction of Public Works are subject to the **Illinois Prevailing Wage Act** (820 ILCS 130/1-12) and this Bid or Request  Is Subject to,  Is NOT Subject to the Illinois Prevailing Wage Act.  Yes

Vendor acknowledges this Bid or Request  Is Subject to,  Is NOT Subject to the **Employment of Illinois Workers in Public Works Act** (30 ILCS 570/3) and will comply with the requirements set forth in this Act.  Yes

**I acknowledge this Bid or Request**  **Requires**,  Does NOT Require a **Bid Bond**  Yes

In addition, under penalties of perjury, I certify that my correct **Federal Taxpayer Identification Number** is: 27.5207955

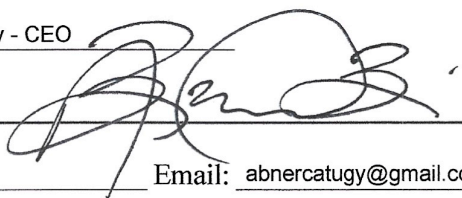
I am doing business as a (please indicate one):  Sole Proprietorship  
 Corporation: State of Incorporation: IL  
 Partnership  
 Other \_\_\_\_\_

I have carefully examined the Bid or Request, Scope of Work, Specifications, and any other documents accompanying or made a part of this Request. I certify I am duly authorized to submit on behalf of the firm, and the firm is ready, willing, and able to perform if awarded the contract. I further certify, under oath, this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service.

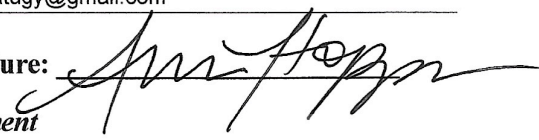
Individual/Company/Corporation: Top Roofing - Corporation

Business Address: 2206 N. Main St. Ste. 204 City, State and Zip Code: Wheaton IL 60187

Printed Name and Title: Abner Catugy - CEO

**Signature:** \_\_\_\_\_  **Date:** 11/12/2022

Telephone Number: 630.677.8413 Email: abnercatugy@gmail.com

Witness Name & Title: Anisa Hopper - Secretary **Witness Signature:**   
**End of Document**



McHenry County  
 Purchasing Department  
 2200 N Seminary Avenue  
 Woodstock IL 60098  
[purchasing@mchenrycountyil.gov](mailto:purchasing@mchenrycountyil.gov)

### Status of Ownership Information

*\*Illinois Public Act 102-0265 was approved in August 2021 requiring collection of "Status of Ownership" information.*

1. APPLICATION TYPE: <input checked="" type="checkbox"/> New <input type="checkbox"/> Change/Update	2. FEDERAL I.D. # OR SOCIAL SECURITY #: 27.520.7955	3. DATE: 11/12/22
4. BUSINESS NAME & ADDRESS: Top Roofing 2206 N. Main St. Suite 204 Wheaton IL 60187	5. REMIT ADDRESS FOR PAYMENTS (if different):	
6. STATUS OF OWNERSHIP (This field is <u>required</u> . Please select at least one): <i>This information is collected for reporting purposes only and not vendor selections.</i> <i>Please check any of the following that apply to the ownership of your firm.</i> <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran-Owned <input checked="" type="checkbox"/> Small Business		7. HOW ARE YOU CERTIFYING? <input type="checkbox"/> Certificates Attached <input checked="" type="checkbox"/> Self-Certifying
8. PRIMARY CONTACT PERSON (Bids/Quotes/Purchase Orders): Name: Abner Catugy Official CEO    Capacity: CEO Telephone #: (630)677 8413 E-Mail: toproofinc@gmail.com	9. PERSONS AUTHORIZED TO SIGN Bids/Offers/Contracts: Name: Anisa Hopper Official Capacity: Secretary Name: Official Capacity:	

**PLEASE PRINT THIS FORM, SIGN IT, AND SEND IT BACK WITH CERTIFICATES OF OWNERSHIP (unless self-certifying).**

10. I hereby certify that the information supplied herein is true and correct.

Abner Catugy - CEO  
 \_\_\_\_\_  
 Print or Type Name and Title

  
 \_\_\_\_\_  
 Signature

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Premier Roofing Design dba Top Roofing</b>		
	2 Business name/disregarded entity name, if different from above <b>Top Roofing</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>2206 N Main St, Ste 204</b>		
	6 City, state, and ZIP code <b>Wheaton, IL 60187</b>		Requester's name and address (optional)
	7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
2	7		5	2	0	7	9	5	5

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 11/12/2022
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



McHenry County  
Purchasing Department  
2200 N Seminary Avenue  
Woodstock, IL 60098

November 4, 2022

**Addendum 1**  
**Bid 22-5557 McHenry County Division of Transportation (MCDOT)**  
**Office Roof Replacement**

**Electronic Bids due: November 16, 2022 no later than 9:00 a.m. (CST)**  
***Web-Ex bid opening at 1:00 p.m. (CST) No onsite bid opening.***

**CLARIFICATION:** THE ATTACHED SECTION – 43 36 PROPOSED SUBCONTRACTORS FORM IS MANDATORY AND MUST BE COMPLETED AND RETURNED WITH BID SUBMISSION.

**FAILURE TO COMPLETE & RETURN THIS FORM MAY CAUSE BID TO BE REJECTED.**

# MANDATORY PAGE

## SECTION 00 43 36 PROPOSED SUBCONTRACTORS FORM

**THIS FORM MUST BE COMPLETED AND RETURNED  
WITH BID SUBMISSION**

**FAILURE TO RETURN WITH BID MAY CAUSE BID TO BE  
REJECTED**

**HEREWITH IS THE LIST OF SUBCONTRACTORS / SUPPLIERS REFERENCED IN  
THE BID SUBMITTED BY:**

**(BIDDER)** Abner Catugy

**DATED** 11/04/2022 **AND WHICH IS AN INTEGRAL PART OF THE BID  
FORM.**

LIST ONE NAME FOR EACH LINE ITEM. FAILURE TO LIST THE REQUESTED  
SUBCONTRACTOR OR SUPPLIER OR LISTING MULTIPLE NAMES WILL RENDER THE BID  
"NON-RESPONSIVE" AND THE BID WILL BE SUBJECT TO DISQUALIFICATION AT THE  
OWNER'S SOLE DISCRETION. IF BIDDER WILL SELF-PERFORM THE WORK SUBJECT  
ITEM, PLEASE ENTER THE BIDDER'S NAME OR WRITE "SELF-PERFORM" IN THE SPACE  
PROVIDED.

BIDDER AGREES THAT, IF AWARDED THE CONTRACT FOR THIS PROJECT, HE WILL  
CONTRACT WITH THE SUBCONTRACTORS AND SUPPLIERS INDICATED BELOW AND  
WILL NOT DEVIATE WITHOUT EXPRESS WRITTEN AUTHORIZATION FROM THE OWNER.

THE FOLLOWING WORK WILL BE SELF-PERFORMED, OR PERFORMED BY  
SUBCONTRACTORS, OR PROVIDED BY SUPPLIERS, AND COORDINATED BY US:

**1.01 LIST OF SUBCONTRACTORS AND SUPPLIERS – Please use empty cells to provide additional  
subcontractors or suppliers**

WORK SUBJECT		SUBCONTRACTOR / SUPPLIER NAME
A.	<b>Roofing Contractor</b>	Self perform
B.	<b>Other-List</b>	ABC Supply
C.	<b>Other-List</b>	Home Depot
D.		
E.		



November 9, 2022

**Addendum 2**  
**Bid 22-5557 McHenry County Division of Transportation (MCDOT)**  
**Office Roof Replacement**

**Electronic Bids due: November 16, 2022 no later than 9:00 a.m. (CST)**  
***Web-Ex bid opening at 1:00 p.m. (CST) No onsite bid opening.***

**Question 1: What is the bid percentage for the bid bond? **Answer:** See below.**

**BID BOND:**

Each separate bid must be accompanied by a bid bond, certified check, or a cashier's check, drawn on a bank authorized to do business in Illinois, in a dollar amount of not less than five percent (5%) of the sum of the computed total amount of the bid or five hundred dollars (\$500), whichever is greater. Facsimile or digital copy acceptable with submission. Original required upon award.

**Question 2: What is the percentage amount of the bid bond? **Answer:** See above.**

**Question 3: Per section § 4.2.1: Please confirm if the contractor/bidder is responsible for a 1 year workmanship warranty for this contract. Based on the following verbiage from this section, “The Architect will provide administration of the Contract as described in the Contract Documents and will be an Owner’s representative during construction until the end of the warranty period which ends one year from the date the Architect issues the final Certificate for Payment. The Architect will have authority to act on behalf of the Owner only to the extent provided in the Contract Documents.”**

****Answer:** Yes, we only call out a year warranty for the Contractor. There is the 20 year manufacturer's warranty required through the EPDM specifications.**

**Question 4: Existing EPDM is under siding and flashings, Do we have to detach the siding and re-attach for removal and new installation? Or can the new membrane be attached with termination bars? **Answer:** None of our details call out to remove the metal siding or roofing, and all details have specific term bar and flashing requirements called out so that the new roofing can be installed properly with the metal siding and roofing to remain during construction.**



McHenry County  
Purchasing Department  
2200 N Seminary Avenue  
Woodstock, IL 60098

**Bid 22-5557 MCDOT Office Roof Replacement  
EXHIBIT A  
Waiver and Release Form**

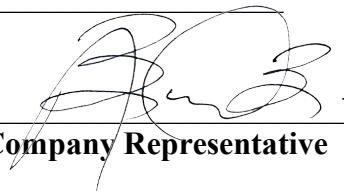
Top Roofing (Name of Company), hereby releases, holds harmless and waives all claims of action against the County of McHenry (hereinafter "County"), its officers, agents, and employees, from any loss, liability claim, injury or damage, arising out of, or in connection with onsite inspection of County-owned buildings for the purpose of submitting a roof-related bid.

Knowing, understanding, and fully appreciating all possible risks, Top Roofing (Name of Company) hereby expressly, voluntarily, and willingly assumes all risks and dangers associated with the inspection of onsite roofing systems on County-owned buildings for the purpose of submitting a bid.

Top Roofing (Name of Company) has reviewed this waiver and release and understands the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the County, its officers, agents, and employees is knowingly given up in return for participation of the inspection of onsite roofing systems on County-owned buildings for the purpose of submitting a bid.

I, Abner Catugy (Company representative) am authorized to make the above representation on behalf of Top Roofing (Name of Company)

Date: 11/12/2022

  
\_\_\_\_\_  
Signature of Company Representative

# BID BOND

Travelers Casualty and Surety Company of America  
Hartford, CT 06183

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**CONTRACTOR:**

*(Name, legal status and address)*

**Premier Roofing Design Inc. dba Top Roofing**  
2206 N. Main St., Suite 204  
Wheaton, IL 60187

**OWNER:**

*(Name, legal status and address)*

**County of McHenry**  
2200 N. Seminary Ave.  
Woodstock, IL 60098

**SURETY:**

*(Name, legal status and principal place of business)*

Travelers Casualty and Surety Company of America

**BOND AMOUNT: \$154,000 (5%)**

**PROJECT:**

*(Name, location or address, and Project number, if any)*

**McDot Office Building Roof Replacement**  
16111 Nelson Rd.  
Woodstock, IL 60098

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 15th day of November, 2022.



Abner P. Catugy

*[Handwritten signature]*  
(Principal)

President

(Title)

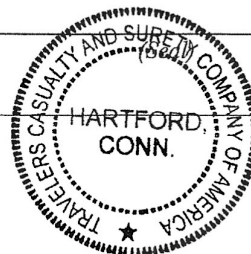
*[Handwritten signature]*  
(Witness)

Travelers Casualty and Surety Company of America

*[Handwritten signature]*  
(Surety) Ed Collazo

Attorney In Fact

(Title)



*[Handwritten signature]*  
(Witness)



**Travelers Casualty and Surety Company of America  
Travelers Casualty and Surety Company  
St. Paul Fire and Marine Insurance Company**

**POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **ED COLLAZO** of **BATAVIA** Illinois, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their 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,** the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January, 2019.**



State of Connecticut

City of Hartford ss.

By:   
Robert L. Raney, Senior Vice President

On this the **17th** day of **January, 2019,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF,** I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**



  
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

**RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of Indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED,** that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED,** that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_



  
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.  
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.**