



Liberty Mutual Surety: National Bond Center  
350 E. 96th Street  
Indianapolis, IN 46240  
(888) 844-2663 Fax: (866) 547-4883

**Agency:**

BTS Surety Services LLC  
100 W. Commons Blvd. Ste. 302  
New Castle, DE 19720

**Bond Number: 999047795**

Cross Ref:

**Principal:**

DELAWARE REAL ESTATE ANSWERS LLC  
312 Brookland Ave  
Wilmington, DE 19805

This letter is to confirm Liberty Mutual Surety has received payment for your renewing bond. The credit card provided has been charged for this transaction and no additional fees are owed.

Please verify the accuracy of the documents. The following chart will help ensure the documents are properly signed and distributed.

**Bond Document**

- ☐ Get all appropriate signatures. **Signatures should always match the printed name.**
- ☐ Attach any supporting documents (if required).
- ☐ Keep a copy for your records and send the **original** to the Obligee.

**Obligee Name:**

New Castle County, Department of Land Use

**Credit Card Information:**

Card Type: Visa  
Credit Card Number: XXXXXXXXXXXXX6700  
Amount: \$125.00  
Transaction Date: January 7, 2021  
Confirmation Number: 0107C3140348

If you have any questions regarding this bond, contact your Liberty Mutual Surety office listed above. We appreciate having your business and would like to thank you for allowing us to service your bond.

**New Castle County  
Department of Land Use  
2021 Statutory Compliance Bond**

**Surety**

(Company Name & Address)  
The Ohio Casualty Insurance Company  
175 Berkeley Street  
Boston, MA 02116

**Bond Number:** 999047795

**Penal Sum:** \$25,000.00

**Effective Date:** January 1, 2021  
(must be dated 1/1/2021 or later)

**Contractor**

(Sole Proprietor and/or Business Name & Address):  
DELAWARE REAL ESTATE ANSWERS LL  
312 Brookland Ave  
Wilmington, DE 19805

**Expiration Date:** January 1, 2022

**License Period:** January 1, 2021 to January 1, 2022

**KNOW ALL PERSONS BY THESE PRESENTS**, that Contractor and Surety are held firmly bound unto New Castle County, a political subdivision of the State of Delaware, in the penal and full amount of this Bond, for the payment of such sum shall well and truly be made, we bind ourselves and our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, the above bound Principal has made application to New Castle County for a contractor license in the following category(s):

<input type="checkbox"/> Class U Building Contractor	\$200,000	<input type="checkbox"/> HVACR Contractor	\$25,000
<input type="checkbox"/> Class A Building Contractor	\$150,000	<input type="checkbox"/> Master Plumber Contractor	\$10,000
<input type="checkbox"/> Class B Building Contractor	\$50,000	<input type="checkbox"/> Sewer and Drain Cleaner	\$10,000
<input checked="" type="checkbox"/> Class C Building Contractor	\$25,000	<input type="checkbox"/> Decorative Appliance Contractor	\$10,000
		<input type="checkbox"/> Outside Utility Contractor	\$50,000

**NOW THEREFORE**, in consideration of New Castle County now or hereafter granting or renewing the above designated contractor license, Contractor shall:

1. Comply with all provisions of the *New Castle County Code*, State of Delaware and federal laws, rules and regulations, and all standards and policies affecting or relating to the business or occupation for which the contractor license is issued as if such requirements and provisions were fully set forth in this Bond, and by reference such requirements and provisions are made a part hereof.
2. Correct any and all violations of the *New Castle County Code*, State of Delaware and federal laws, rules and regulations, and all standards and policies affecting or relating to the business or occupation for which the contractor license is issued within the time provided by the Department of Land Use or as otherwise provided in the applicable Violation Notice or Rule to Show Cause Decision.
3. Pay all penalties, fees, and charges that are imposed by New Castle County upon Contractor pursuant to applicable violation, enforcement, and penalty provisions of the *New Castle Country Code* within fifteen (15) days of issuance of said penalty, fee, and/or charge.
4. Indemnify and hold harmless New Castle County, its officers, employees, agents, and representatives from any and all liability, loss, damage, or expense of any kind whatsoever that New Castle County, its officers, employees, agents, and representatives may sustain or that may be recovered from it or them by reason of the issuance of a contractor license or from claims related or connected to the execution of work performed by Contractor, its, his or her agents and employees, or any subcontractor or any other person under Contractor's supervision, direction, or control.

**PROVIDED, HOWEVER,** this Bond is subject to the following conditions and provisions:

5. If Contractor fails to pay the County all penalties, fees, and charges assessed by the County pursuant to section 3 above and/or correct any violations of law after being noticed and having the opportunity to contest such violations pursuant to the applicable provisions of the *New Castle County Code*, Surety shall pay the County within forty-five (45) days of the County's demand, unless additional time is granted in writing by the County.

6. This Bond applies to work performed or permitted during the License Period only. The County shall provide a Notice of Violation within three (3) years from the date the Certificate of Occupancy, Completion, or Use is issued for the work performed pursuant to the permit, subject to common law tolling, and applicable law. Where work is performed in the absence of a required permit, the County shall provide a Notice of Violation within three (3) years from the date the County discovers the violation. Payment under this Bond is required if the Notice of Violation for the work has been issued to Contractor as provided herein and subject to paragraph 5 above.

7. Surety may cancel this Bond by giving forty-five (45) days advance notice to Contractor and the County. Surety's liability shall cease upon effective date of cancellation, except with respect to losses, claims, or obligations associated with work permitted or performed during the License Period before the effective date of cancellation. Notice to the County shall be made to: Licensing Manager, New Castle County Department of Land Use, 87 Reads Way, New Castle, DE 19720; with a copy to: County Attorney, Office of Law, New Castle County, 87 Reads Way, New Castle, DE 19720.

8. This Bond may not be continued in whole or in part past the Expiration Date.

9. Demands and notices made pursuant to this Bond shall be in writing.

**IN WITNESS THEREOF,** Contractor and Surety hereby sign and seal this Statutory Compliance Bond:

**Contractor**

(Individual must be listed as Sole Proprietor or Principal or Business Entity on license application)  
DELAWARE REAL ESTATE ANSWERS LLC

**Surety**

(Agent or broker must attach Proof of Authority to act as Attorney-in-fact for Surety)  
The Ohio Casualty Insurance Company



By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

By: Timothy A. Mikolajewski  
Signature and Seal

\_\_\_\_\_  
Timothy A. Mikolajewski  
Print Name

\_\_\_\_\_  
Assistant Secretary  
Title

\_\_\_\_\_  
January 7, 2021  
Date

**Surety must provide claim contact information (include name, address, email and phone number):**

Liberty Mutual Surety  
Attention: LMS Claims  
P.O. Box 34526  
Seattle, WA 98124  
Phone: 206-473-6210  
Fax: 866-548-6837  
Email: HOSCL@libertymutual.com  
www.LibertyMutualSuretyClaims.com



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company

## POWER OF ATTORNEY

Principal: DELAWARE REAL ESTATE ANSWERS LLC

Agency Name: BTS Surety Services LLC

Bond Number: 999047795

Obligee: New Castle County, Department of Land Use


Bond Amount: (\$25,000.00) Twenty-five Thousand Dollars And Zero Cents

**KNOW ALL PERSONS BY THESE PRESENTS:** that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Timothy A. Mikolajewski** in the city and state of **Seattle, WA**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

**IN WITNESS WHEREOF**, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.



The Ohio Casualty Insurance Company

By: 

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss  
COUNTY OF MONTGOMERY

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

**IN WITNESS WHEREOF**, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal  
Teresa Pastella, Notary Public  
Montgomery County  
My commission expires March 28, 2025  
Commission number 1126044  
Member, Pennsylvania Association of Notaries

By: 

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS:** Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the seals of said Company this 7th day of January, 2021.



By: 

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.