# **CONTRA COSTA COUNTY**

## SUBDIVISION AGREEMENT EXTENSION

Development Number: SD05-09037 (Civil)

Developer: Shapell Homes, a Division of Shapell Industries, Inc., a Delaware Corporation

Original Agreement Date: September 20, 2011

Third Extension New Termination Date: September 20, 2016

## **Improvement Security**

SURETY: The Continental Insurance Company

BOND No. 929 532 270

Date: August 23, 2011

Security Type

**Security Amount** 

Cash:

\$ 42,900.00 (1% cash, \$1,000 Min.)

**SURETY BOND:** \$ 761,500.00 (Performance)

\$ 2,564,000.00 (Labor& Material)

The Developer and the Surety desire this Agreement to be extended through the above date; and Contra Costa County and said Surety hereby agree thereto and acknowledge same.

Dated:	Dated: JULY 14, 2015		
	R. M. Nelson		
FOR CONTRA COSTA COUNTY	Developer's Signature(s)		
Julia R. Bueren, Public Works Director	RICHARD M. NELSON		
Ву:	Printed DWAD-W		
RECOMMENDED FOR APPROVAL:	Printed 6500 Kall Center Parking Soute 320		
By:	Printed 6800 Koll Center Parkung Scite 320 - Pleasanton CA 94566		
(Engineering Services Division)	Address		
	THE CONTINENTAL INSURANCE COMPANY Surety or Financial Institution		
(NOTE: Developer's, Surety's and Financial Institution's Signatures must be Notarized.)	100 MATSONFORD ROAD, SUITE 200, RADNOR, PA 19087 Address		
FORM APPROVED: Victor J. Westnym, County Counsel			
After Approval Return to Clerk of the Board	Attorney in Facts Signature		

DANIEL P. DUNIGAN, ATTORNEY-IN-FACT

Printed

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

Civil Code § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfullness, accuracy or validity of that document.

	*,*******	
State of PENNSYLVANIA	)	
County of CHESTER		*
OnJULY 14, 2015	before me, _	ARLENE OSTROFF , Notary Public
personally appeared	DANIEL P.	Name and Title of Notary  DUNIGAN
Who proved to me on the basis of satisfact to be the person(s) whose name(s) is/a to the within instrument and acknowledge he/she/they executed the same in his/her/the capacity(ies), and that by his/her/their signal instrument the person(s), or the entity up which the person(s) acted, executed the interest of California that the foregoing parand correct.	ctory evidence re subscribed ged to me that heir authorized ature(s) on the con behalf of instrument.	COMMONWEALTH OF PENNSYLVANIA  NOTARIAL SEAL  ARLENE OSTROFF, Notary Public  Willistown Twp., Chester County  My Commission Expires December 3, 2016
Witness my hand and official seal. Signature	wf/	
Nojary Public Si	onatura OPTION	Place Notary Public Seat Above
and		the persons relying on the document and could prevent fraudulent removal
Description of Attached Document		
Title or Type of Document		
Document Date		Number of Pages:
Signer's Name:		
☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner - ☐ Limited ☐ General ☐ Guardian or Conservator ☒ Attorney-in-Fact ☐ Trustee ☐ Other: Signer is representing  THE CONTINENTAL INSURANCE COMPANY	RIGHTTHUMBPRINT OF SIGNER Top of thumb	☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner - ☐ Limited ☐ General ☐ Guardian or Conservator ☐ Attorney-in-Fact ☐ Trustee ☐ Other: Signer is representing

#### POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That The Continental Insurance Company, a Pennsylvania insurance company, is a duly organized and existing insurance company having its principal office in the City of Chicago, and State of Illinois, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Daniel P Dunigan, Richard J Decker, Joseph W Kolok, Jr, Brian C Block, James L Hahn, William F Simkiss, Individually

of Paoli, PA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its 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 the insurance company 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 Board of Directors of the insurance company.

In Witness Whereof, The Continental Insurance Company has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 16th day of June, 2015.



The Continental Insurance Company

aul T. Bruflat Vice President

State of South Dakota, County of Minnehaha, ss:

On this 16th day of June, 2015, before me personally came Paul T. Bruflat to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of The Continental Insurance Company, a Pennsylvania insurance company, described in and which executed the above instrument; that he knows the seal of said insurance company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said insurance company and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance company.

S. EICH
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA SEAL

My Commission Expires February 12, 2021

S. Eich

Notary Public

#### **CERTIFICATE**

E COMP

The Continental Insurance Company

D. Bult

Assistant Secretary

Form F6850-4/2012

## THE CONTINENTAL INSURANCE COMPANY

#### Radnor, Pennsylvania

### Statement of Net Admitted Assets and Liabilities December 31, 2014

#### **ASSETS**

Bonds	\$	1,349,822,576
Stocks		166,740,793
Cash, cash equivalents, and short-term investments		217,772,322
Amounts recoverable from reinsurers		136,016,120
Net deferred tax asset		85,644,520
Premiums and considerations		18,049,028
Other assets		39,337,814
Total Assets	\$	1,995,334,145
LIABILITIES AND SURPLUS		
Losses	\$	851,065,352
Loss adjustment expense		35,957,892
Ceded reinsurance premiums payable (net of ceding commissions)		24,580,363
Funds held by company under reinsurance treaties		356,117,935
Provision for reinsurance		76,000,000
Other liabilities		(785,728,501)
Total Liabilities	\$	557,993,041
Surplus Account:		
Capital paid up \$ 53,566,360		
Gross paid in and contributed surplus 1,423,436,994		
Special Surplus 100,090,172		
Unassigned funds (139,752,422)		
Surplus as regards policyholders	\$	1,437,341,104
Total Liabilities and Capital	S	1,995,334,145

I, Peter Locy, Assistant Vice President of The Continental Insurance Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2014, as filed with the various Insurance Departments and is a true and correct statement of the condition of The Continental Insurance Company as of that date.

The Continental Insurance Company

Subscribed and sworn to me this 19th day of March, 2015.

My commission expires:

YOLANDA JIMENEZ
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
September 24, 2017

John de Jones Patrillo

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Alameda)

On July 21st, 2015 before me, April Crawford, Notary Public-----(insert name and title of the officer)

personally appeared Robert D. Moore and Richard M. Nelson, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature april Chauferd

(Seal)

APRIL CRAWFORD Comm. #2024306

lotary Public · California **Alameda County** Comm. Expires May 12, 2017