# **CONTRA COSTA COUNTY**

# ROAD IMPROVEMENT AGREEMENT (RIGHT-OF-WAY LANDSCAPING) EXTENSION

Development Number: RA10-01246 (R.O.W.L.)

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

Original Agreement Date: September 25, 2012

Second Extension New Termination Date: September 25, 2016

# Improvement Security

SURETY: The Continental Insurance Company

BOND No. 929 553 673

Date: July 9, 2012

Security Type

**Security Amount** 

Cash:

\$ 3,100.00 (1% cash, \$1,000 Min.)

SURETY BOND:

After Approval Return to Clerk of the Board

\$ 46,185.00 (Performance)

\$ <u>155,500.00</u> (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		
FOR CONTRA COSTA COUNTY Julia R. Bueren, Public Works Director	Developer's Signature(s)  Printed  Printed  Printed		
By:	Developer's Signature(s)		
RECOMMENDED FOR APPROVAL:	Printed 6 800 1011 Center Role og Svite 328  Address THE CONTINENTAL INSURANCE COMPANY		
By:(Engineering Services Division)	Surety or Financial Institution  100 MATSONFORD ROAD, SUITE 200, RADNOR, PA 19087  Address		
NOTE: Developer's, Surety's and Financial Institution's Signatures must be Notarized.)	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	
9	pefore me,ARLENE_OSTROFF, Notary Public
personally appeared	DANIEL P. DUNIGAN  Name and or Names of Signer(s)
Who proved to me on the basis of satisfactory evento be the person(s) whose name(s) is/are substoned to the within instrument and acknowledged to me/she/they executed the same in his/her/their authorapacity(ies), and that by his/her/their signature(s) instrument the person(s), or the entity upon bely which the person(s) acted, executed the instrument the State of California that the foregoing paragraph and correct.	ridence scribed ne that norized on the half of ent.  COMMONWEALTH OF PENNSYLVANIA  NOTARIAL SEAL  ARI FNE OSTROCTO
Witness my hand and official seal.  Signature	Place Notary Public Seal Above  OPTIONAL
Though the information below is not required by law, it may prov and reattach	we valuable to the persons relying on the document and could prevent fraudulent removal ment of this form to another document.
Description of Attached Document	
Title or Type of Document	
Document Date	Number of Pages:
Signer's Name:	
☐ Guardian or Conservator	☐ 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

ul 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 NOTARY PUBLIC SEAD

My Commission Expires February 12, 2021

S. Eich

Notary Public

## **CERTIFICATE**

LINSUS CONTRACTOR CONT

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**

	710 94 A 36		
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
Not deferred tax asset			85,644,520
Premiums and considerations			18,049,028
Other assets			39,337,814
Total Assets			1,995,334,145
T.1	ABILITIES AND SURPLUS		
<u>1.1</u>	ABILITIES 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		S	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	and the state of t	\$	1,437,341,104
		<u></u>	1,995,334,145
Total Liabilities and Capital		- D	T*137 <sup>1</sup> 771 <sup>1</sup> 141

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 to Jones

## **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.

(C)

APRIL CRAWFORD
Comm. #2024306
Notary Public - California M
Alameda County
Comm. Expires May12, 2017

Signature

(Seal)