

**CONTRA COSTA COUNTY**  
**SUBDIVISION AGREEMENT EXTENSION**

**Development Number:** SD 08-09165

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

**Original Agreement Date:** September 14, 2010

**Third Extension New Termination Date:** September 14, 2016

**Improvement Security**

**Surety:** The Continental Insurance Company

**Bond No. (Date):** 929 505 286 (July 6, 2010)

**Security Type and Amount**

**Cash:** \$ 14,000.00 (1% cash, \$1,000 Min.)

**Surety Bond:** \$ 202,500.00 (Performance)

\$ 682,000.00 (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: \_\_\_\_\_

FOR CONTRA COSTA COUNTY  
Julia R. Bueren, Public Works Director

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

RECOMMENDED FOR APPROVAL:

By: \_\_\_\_\_  
(Engineering Services Division)

**(NOTE: Developer's, Surety's and Financial Institution's Signatures must be Notarized.)**

FORM APPROVED: Victor J. Westman, County Counsel

**After Approval Return to Clerk of the Board**

Dated: AUGUST 13, 2015

Developer's Signature(s)

RICHARD M. NELSON

Printed

Developer's Signature(s)

Robert D. Moore

Printed

Address

THE CONTINENTAL INSURANCE COMPANY

Surety or Financial Institution

100 MATSONFORD ROAD, RADNOR, PA 19087

Address

Attorney in Facts Signature  
JOSEPH W. KOLOK, JR.

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 truthfulness, accuracy or validity of that document.

State of PENNSYLVANIA

County of CHESTER

On AUGUST 13, 2015 before me, ARLENE OSTROFF, Notary Public  
Date Name and Title of Notary

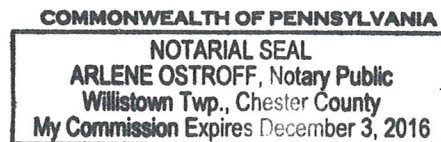
personally appeared JOSEPH W. KOLOK, JR.  
Name and or Names of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/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 *Arlene Ostroff*  
Notary Public Signature



Place Notary Public Seal Above

OPTIONAL

*Though the information below is not required by law, it may prove valuable to the persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

## 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

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb

- ☐ Individual
- ☐ Corporate Officer – Title(s): \_\_\_\_\_
- ☐ Partner - ☐ Limited ☐ General
- ☐ Guardian or Conservator
- ☐ Attorney-in-Fact
- ☐ Trustee
- ☐ Other: \_\_\_\_\_

Signer is representing \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb

## 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.

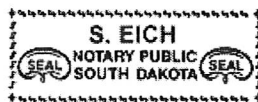


The Continental Insurance Company

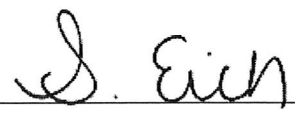
  
Paul T. Bruflat Vice President

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.



My Commission Expires February 12, 2021

  
S. Eich Notary Public

### CERTIFICATE

I, D. Bult, Assistant Secretary of The Continental Insurance Company, a Pennsylvania insurance company, 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 insurance company 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 insurance company this 13TH day of AUGUST, 2015.



The Continental Insurance Company

  
D. Bult Assistant Secretary

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	<u>\$ 1,995,334,145</u>

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	<u>(785,728,501)</u>
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	<u>(139,752,422)</u>
Surplus as regards policyholders	<u>\$ 1,437,341,104</u>
Total Liabilities and Capital	<u>\$ 1,995,334,145</u>

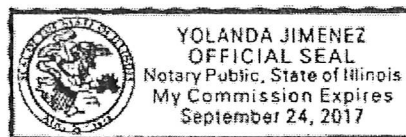
I, Peter Locy, Assistant Vice President of The Continental Insurance Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2014, as filed with the various Insurance Departments and is a true and correct statement of the condition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

The Continental Insurance Company

By *Peter Locy*  
Assistant Vice President

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

My commission expires:



*Yolanda Jimenez*  
Notary Public



## 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 August 27, 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 Crawford (Seal)

