



## Verification Certificate

This is to certify that Bond No. \_\_\_\_\_ issued by the member company of The Hartford  
subscribing this certificate, dated \_\_\_\_\_  
in the amount of \_\_\_\_\_  
Dollars  
on behalf of \_\_\_\_\_, as Principal,  
and in favor of \_\_\_\_\_, as Obligees,  
covers an indefinite term which began on \_\_\_\_\_, and ends with the cancellation of  
said bond; that said bond is now in full force and effect and will continue in full force and effect until cancelled.

### ANNIVERSARY PREMIUM PERIOD:

### Signed, Sealed, and Dated

Attest or Witness

*Shelby Wiggins*

Surety

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

*Anthony Francis*

(Seal)

, Attorney in fact

CC:

CC:



# POWER OF ATTORNEY

Direct Inquiries/Claims to:  
**THE HARTFORD**  
BOND, T-11  
One Hartford Plaza  
Hartford, Connecticut 06155  
[Bond.Claims@thehartford.com](mailto:Bond.Claims@thehartford.com)  
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name:  
Agency Code:

- ☐ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:  
Bond No.

in the amount of See Bond Form(s) on behalf of Company in its 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**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*Shelby Wiggins*

Shelby Wiggins, Assistant Secretary

*Joelle L. LaPierre*

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



*Jessica Ciccone*

Jessica Noelle Ciccone  
My Commission #GG077453  
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of \_\_\_\_\_.

Signed and sealed in Lake Mary, Florida.



*Keith D. Dozois*

Keith D. Dozois, Assistant Vice President



## **Producer Compensation Notice To The Principal**

You can review and obtain information on The Hartford's  
producer compensation practices at [www.thehartford.com](http://www.thehartford.com)  
or at 1-800-592-5717.



THE HARTFORD

BOND NO.

5060380

FAITHFUL PERFORMANCE POSITION SCHEDULE  
WITH AUTOMATIC COVERAGE

THE HARTFORD ACCIDENT AND INDEMNITY COMPANY, of Hartford, Connecticut, (hereinafter called the Surety), binds itself to pay The State of Washington (hereinafter called the Employer), such pecuniary loss as the latter shall have sustained of money or other personal property (including that for which the Employer is responsible) through any FAILURE OF OFFICIAL DUTY, WHETHER OF OMISSION OR COMMISSION in the United States by any of the Employees occupying the positions now named in or hereafter added to the schedule attached hereto and which is hereby made a part of this bond. The coverage for each position begins on the date indicated in the schedule, acceptance notice or renewal list, as the case may be, and continues until terminated as hereinafter provided.

PROVIDED:

FIRST: That the Employer shall have the right to add:

a. Additional positions of the same designation as any position named in the schedule or in any written acceptance of the Surety and such additional positions shall be added to the schedule as of the date of creation thereof, and in the amount set opposite the positions so named in said schedule or such acceptance notice. Said coverage shall continue automatically for a period of 90 days, but only after that period by written request of the Employer and the written acceptance of the Surety. Such coverage shall be null and void from the beginning unless the Surety is notified of such newly created positions within 90 days after the creation thereof.

If the Employer desires to increase or decrease the amount of coverage in respect to any position named in the schedule, or in any acceptance notice, he shall give written notice to the Surety of his desire in this respect. The Surety shall, if it elects so to do, increase said coverage accordingly by its written acceptance. Any decrease, however, shall be binding as of date specified by Employer.

b. Any new position of a different designation from any position named in the schedule or in any written acceptance of the Surety and such positions may be automatically added to such schedule in any amount not exceeding Five Thousand (\$5,000.00) Dollars from the date of creation thereof for a period of 90 days, but such coverage shall only be continued after the 90 day period at the written request of the Employer and the written acceptance thereof of the Surety. Such coverage shall be null and void from the beginning unless the Surety is notified of such newly created positions within 90 days after the creation thereof. If the Employer desires to add to the schedule in a greater amount than Five Thousand (\$5,000.00) Dollars any new position of a different designation from that named in the schedule or in any written acceptance of the Surety, he shall give written notice to the Surety of his desire in this respect and the Surety shall, if it elects so to do, grant said addition to the schedule by its written acceptance.

SECOND: The Employer shall keep, or cause to be kept, an accurate record of any and all new positions created and of any and all additional positions added to said schedule bearing the same designation of any named herein, showing the name of the occupant, the date of employment in said position and the period of incumbency, if such period shall have been less than 90 day automatic coverage granted hereunder, and (when requested) the Employer shall furnish to the Surety, within the 90 day automatic coverage period, the Surety's application form completed and signed by said Employee.

Hartford Fire Insurance Company  
Hartford Accident and Indemnity Company  
Hartford Casualty Insurance Company

New York Underwriters Insurance Company  
Twin City Fire Insurance Company



THIRD: The Employer undertakes and agrees to furnish the Surety on each premium anniversary date hereof a statement specifying the number of positions to be covered, the number of persons occupying each position, and the amount of coverage required for each position.

FOURTH: The total liability of the Surety on account of any Employee, though he may have occupied more than one position, shall not exceed the largest amount of coverage on any one position occupied by him.

FIFTH: If a loss occurs hereunder through any Employee in excess of the coverage of Surety on such Employees, any recovery thereof by the Employer shall revert to the Employer for the loss sustained in excess of the amount of said Suretyship, the balance, if any, to be paid to the Surety; and likewise, the amount of any recovery that may be made by the Surety except from reinsurance, other Suretyship, collateral, or third party indemnity, (less the expenses incurred by the Surety in making such recovery), shall revert to the Employer for the loss sustained in excess of the amount of said coverage, the balance, if any, belonging to the Surety.

SIXTH: This Bond shall terminate:

a. As to any Employee immediately upon the discovery of any default on his part, upon his death or retirement from the service of the Employer, or thirty days after the Employer receives written notice from the Surety that the latter desires so to terminate.

b. As to any position or as a whole upon the date the Surety receives written notice from the Employer of its desire so to terminate, or thirty days after the Employer receives written notice from the Surety that the latter desires so to terminate.

When bond is terminated as provided above, the Surety shall refund any unearned premium, but the premium received for Suretyship upon which a claim is paid shall be fully earned.

It is understood and agreed that the obligee shall have the right to add to the schedule any position inadvertently omitted, in which event coverage shall be effective as of, and premium payable from, the effective date hereof.

IN WITNESS WHEREOF, THE HARTFORD ACCIDENT AND INDEMNITY COMPANY, has caused this bond to be signed and its corporate seal to be affixed by its proper officer duly appointed for the purpose, this 14th day of January, 1985

HARTFORD ACCIDENT AND INDEMNITY COMPANY

By

Fred Jerome,

Attorney-in-fact



## THE HARTFORD

Bond No.: 5060380  
Premium: \$42,514.00 - 4 yrs.

**KNOW ALL MEN BY THESE PRESENTS**, that.....Hartford Fire Insurance Company.....  
a corporation organized and existing under the laws of the State of Connecticut of Hartford.....(hereinafter  
called the Company), in consideration of an agreed premium, is held and firmly bound unto the State of  
Washington

(hereinafter called the Employer), in the respective penal sums of money appearing opposite the names of various  
officials and employees listed on the attached schedule, for which payment, well and truly to be made, the Company  
binds itself, its successors and assigns, firmly by these presents.

### THE CONDITION OF THIS OBLIGATION IS SUCH THAT

WHEREAS the various officials and employees whose names appear upon the attached schedule have been duly  
elected or appointed to the respective offices in the State of Washington

appearing opposite their names in said schedule.

NOW, THEREFORE, if each of the said officials and employees shall for the term beginning January 14, 1993  
faithfully perform the duties of his said office as required by law, then this obligation  
shall be void; otherwise it shall remain in full force and effect.

PROVIDED, HOWEVER, that this undertaking is executed by the Company upon the following express conditions,  
which shall be conditions precedent to the right of recovery hereunder:

(1) The liability of the Company on account of any one official or employee shall not exceed the amount set  
opposite the official's or employee's name in said schedule. The Employer may, during the continuance of this undertak-  
ing, add other officials or employees to said schedule, or increase or decrease the amount of this undertaking in respect  
to any official or employee by giving written notice to the Company, but such notice shall not be binding on the  
Company until the Employer has received the Company's written acceptance thereof. In the event of such increase or  
decrease, the Company's liability as respects such official or employee shall not exceed the schedule amount in effect  
as to such official or employee when the act of such official or employee, in respect to which claim is made, shall have  
been committed. The Company's liability shall in no event exceed the maximum amount at any time in effect in said  
schedule as to such official or employee.

(2) This undertaking as respects any or all officials or employees may be cancelled:

(a) By the Company, after giving thirty (30) days notice of cancellation to the Employer, in writing, of its desire  
so to cancel;

(b) By the Employer, by giving notice to the Company, in writing, of the Employer's desire so to cancel;

the Company remaining liable, however, subject to the terms, conditions and provisions hereof for any act or acts  
covered hereby which may have been committed prior to the date of such cancellation. In the event of such cancella-  
tion, the Company shall refund the pro rata unearned premium, if any, but the whole year's premium for the premium  
year within which such cancellation takes place shall be considered as fully earned for any official or employee whose  
acts or omissions are made the basis of a claim hereunder.

5060380 Effective January 14, 1985 Issued by Hartford Accident and Indemnity Company;  
The Cancellations to be Effective at the time this Policy becomes Effective. Also, by  
acceptance of this Policy you agree to the substitution of Hartford Fire Insurance Company as "Company" shown above.

**IN WITNESS WHEREOF**, the.....Hartford Fire Insurance Company.....has hereunto set  
its hand and seal this .....27th.....day of.....January.....1993.....

Hartford Fire Insurance Company.....

By R. M. Symolon  
R. M. Symolon, Attorney-in-Fact

# POWER OF ATTORNEY

Know all men by these Presents, That the HARTFORD FIRE INSURANCE COMPANY, a corporation duly organized under the laws of the State of Connecticut, and having its principal office in the City of Hartford, County of Hartford, State of Connecticut, does hereby make, constitute and appoint

ROGER D. WYMAN, JANICE COOK, ROBERT L. ROSS, M. M. THOMSEN, R. M. SYMOLON, GLORIA B. MOSTAJO, PATRICIA G. MELVIN, EDITH BOQUIREN, C. A. CLAUDIO, MELINDA THOMAS and LUZVININDA L. NOCOS of SAN FRANCISCO, CALIFORNIA

its true and lawful Attorney(s)-in-Fact, with full power and authority to each of said Attorney(s)-in-Fact, in their separate capacity if more than one is named above, to sign, execute and acknowledge any and all bonds and undertakings and other writings obligatory in the nature thereof on behalf of the Company in its business of guaranteeing the fidelity of persons holding places of public or private trust; guaranteeing the performance of contracts other than insurance policies; guaranteeing the performance of insurance contracts where surety bonds are accepted by states and municipalities, and executing or guaranteeing bonds and undertakings required or permitted in all actions or proceedings or by law allowed.

and to bind the HARTFORD FIRE INSURANCE COMPANY thereby as fully and to the same extent as if such bonds and undertakings and other writings obligatory in the nature thereof were signed by an Executive Officer of the HARTFORD FIRE INSURANCE COMPANY and sealed and attested by one other of such Officers, and hereby ratifies and confirms all that its said Attorney(s)-in-Fact may do in pursuance hereof.

This power of attorney is granted by and under authority of the following provisions:

(1) By-Laws adopted by the Stockholders of the HARTFORD FIRE INSURANCE COMPANY at a meeting duly called and held on the 9th day of March, 1971.

## ARTICLE IV

SECTION 8. The President or any Vice-President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint, for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more Resident Vice-Presidents, Resident Assistant Secretaries and Attorneys-in-Fact and at any time to remove any such Resident Vice-President, Resident Assistant Secretary, or Attorney-in-Fact, and revoke the power and authority given to him.

SECTION 11. Attorneys-in-Fact shall have power and authority, subject to the terms and limitations of the power of attorney issued to them, to execute and deliver on behalf of the Company and to attach the seal of the Company thereto any and all bonds and undertakings, and other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by an Executive Officer and sealed and attested by one other of such Officers.

(2) Excerpt from the Minutes of a meeting of the Board of Directors of the HARTFORD FIRE INSURANCE COMPANY duly called and held on the 12th day of October, 1990.

RESOLVED: Robert N. H. Sener, Assistant Vice-President and Laura A. Shanahan, Assistant Vice-President, shall each have, as long as each holds such office, the same power as any Vice-President under Sections 6, 7 and 8 of Article IV of the By-Laws of the Company, namely: to appoint by a Power of Attorney, for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more resident Vice-Presidents, resident Assistant Secretaries and Attorneys-in-Fact.

This power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Directors of the HARTFORD FIRE INSURANCE COMPANY at a meeting duly called and held on the 12th day of October, 1990.

RESOLVED, that the signatures of such Officers and the seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

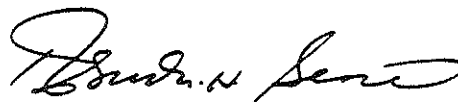
In Witness Whereof, the HARTFORD FIRE INSURANCE COMPANY has caused these presents to be signed by its Assistant Vice-President, and its corporate seal to be hereto affixed, duly attested by its Secretary, this 1st day of May, 1991.

HARTFORD FIRE INSURANCE COMPANY

Attest:

  
Richard R. Hermanson  
Secretary



  
Robert N. H. Sener  
Assistant Vice-President

STATE OF CONNECTICUT }  
COUNTY OF HARTFORD } ss.

On this 1st day of May, A.D. 1991, before me personally came Robert N. H. Sener, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice-President of the HARTFORD FIRE INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF CONNECTICUT }  
COUNTY OF HARTFORD } ss.



  
Jean H. Wozniak  
Notary Public  
My Commission Expires March 31, 1994

## CERTIFICATE

I, the undersigned, Assistant Secretary of the HARTFORD FIRE INSURANCE COMPANY, a Connecticut Corporation, DO HEREBY CERTIFY that the foregoing and attached POWER OF ATTORNEY remains in full force and has not been revoked; and furthermore, that the Resolutions of the Board of Directors, set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Hartford. Dated the 27th day of January 19 93



  
David A. Johnson  
Assistant Secretary



RIDER

Attached to and forming part of Bond # 52BSBDH73 88 ,  
effective January 14, 2005  
on behalf of STATE OF WASHINGTON  
Of Dept. of General Admin., Div. of Risk Management, P. O. Box 41027, Olympia, WA 98504-1027  
in favor of STATE OF WASHINGTON  
and in the amount of Five Million Sixty-Eight Thousand \$5,068,000 Dollars.

It is understood and agreed that effective January 14, 2005  
the Bond Number shall be changed  
from Old Bond Number - 52RN 060 380  
to New Bond Number - 52BSBDH7 388

All other conditions and terms remain as originally written.

Signed, Sealed, and Dated February, 2nd, 2005

Hartford Fire Insurance Company

By:

Sylvia Whitman  
Sylvia Whitman, Attorney-in-Fact

The above endorsement is hereby agreed to and accepted:

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



Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-4

690 ASYLUM AVENUE

HARTFORD, CONNECTICUT 06115

call: 888-266-3488 or fax: 860-757-5835)

Agency Code: 52 817013

# POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut  
☐ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana  
☐ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut  
☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut  
☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana  
☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois  
☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana  
☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of UNLIMITED** :

LARRY CHRISTIANSON, SCOTT C. ALDERMAN, LINDA BEESLEY, ELIZABETH J. BOTTEMILLER, JIM BELL, SYLVIA WHITMAN, JOHN A. BECKERLEG, JAMES W. CAMPBELL OF SEATTLE, WASHINGTON

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments 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, and as authorized by a Resolution of the Board of Directors of the Companies on July 21, 2003, the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*Paul A. Bergenholtz*

Paul A. Bergenholtz, Assistant Secretary

*David T. Akers*

David T. Akers, Assistant Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

ss. Hartford

On 23rd day of July, 2003, before me personally came David T. Akers, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hampden, Commonwealth of Massachusetts; that he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

*Scott E. Paseka*

Scott E. Paseka  
Notary Public

My Commission Expires October 31, 2007

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 2, 2005  
Signed and sealed at the City of Hartford.



*Gary W. Stumper*

Gary W. Stumper, Assistant Vice President