

## Fidelity (Performance) Bond of Treasurer Form

Of the Elizabethtown \_\_\_\_\_ Board of Education  
We Barbara Denise Morgan \_\_\_\_\_, (Treasurer, Interim Treasurer, Finance Officer  
or Other), and the Liberty Mutual Surety \_\_\_\_\_, (Surety Company), do hereby  
acknowledge ourselves jointly and severally indebted to the Commonwealth of Kentucky  
in the penal sum of \$300,000 \_\_\_\_\_ that Barbara Denise Morgan \_\_\_\_\_,  
(Treasurer, Interim Treasurer, Finance Officer or Other) with the Board of Education, shall  
discharge the duties of said office according to law, account for, to the proper authorities, and  
pay over to all parties legally entitled thereto, on the proper vouchers only, any and all funds that  
may come into his/her hands as the (check the box of the title that applies) ☒ Treasurer and/or  
☒ Finance Officer or ☐ Interim Treasurer or ☐ Other of the Board of  
Education aforesaid, beginning 7/01/2020; and to be renewed on an annual basis or until his/her  
successor is duly appointed and qualified. This bond can be terminated by the surety, upon  
written notice to the Department of Education and school board given by registered mail sixty  
(60) days in advance. The school board has the right of cancellation with this surety  
company/bond for any reason with a written 60-day notice to the surety company and the  
Department of Education.

This joint agreement was WITNESSED on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By (School Board): \_\_\_\_\_ Title \_\_\_\_\_

Name of the Surety Company: The Ohio Casualty Insurance Company

By (Insurance Agent): [Signature] Title Agent

Number of Bond LSF030644 Annual Premium of Bond \$ 300,000

Approved by the \_\_\_\_\_ Board of Education

on \_\_\_\_\_, 20\_\_\_\_\_

Chairperson \_\_\_\_\_

Secretary \_\_\_\_\_

**TO BE RETAINED AT THE LOCAL SCHOOL BOARD OFFICE**  
Dated 9/20/18



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

**VERIFICATION CERTIFICATE FOR  
INDEFINITE TERM BOND**

The Ohio Casualty Insurance Company, Surety upon:

a certain Bond No.: LSF030644

dated effective: July 1, 2002

on behalf of: Morgan, Denise

and in favor of: Comm of KY, Dept of Education

Amount of bond: \$300,000.00

Description of bond: Treasurers

and that the said bond remains in effect, subject to all its agreements, conditions and limitations, and ends only with the cancellation of said bond or other legal termination.

Signed and dated on: May 29, 2019

Surety Name: The Ohio Casualty Insurance Company

By: Timothy A. Mikolajewski  
Timothy A. Mikolajewski, Assistant Secretary

Agency Name: DUFF INSURANCE AGCY INC

Agency Address: 620 WESTPORT RD, ELIZABETHTOWN, KY 42701-4408

Agency Telephone: (270)769-5547





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: Morgan, Denise

Agency Name: DUFF INSURANCE AGCY INC

Bond Number: LSF030644

Obligee: Comm of KY, Dept of Education

Bond Amount: (\$300,000.00) Three Hundred 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  
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  
Notarial Seal  
Teresa Pastella, Notary Public  
Upper Merion Twp., Montgomery County  
My Commission Expires March 28, 2021  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
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 29th day of May, 2019.



By: Renee C. Llewellyn  
Renee C. Llewellyn, Assistant Secretary

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

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.