

Bond of Treasurer Form

The Meniffee County Board of Education
We, Joshua Kincaid

_____, (Treasurer, Interim Treasurer, Finance Officer or Other),
and the The Ohio Casualty Insurance Company _____, (Surety Company), do hereby
acknowledge ourselves jointly and severally indebted to the Commonwealth of Kentucky in the
penal sum of \$200,000.00 _____, that Joshua Kincaid

_____, (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 July / 1st / 2025 ; 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 21st day of April, 2025.

By (School Board): _____ Title _____

Name of the Surety Company: The Ohio Casualty Insurance Company

By (Insurance Agent):  Title Fact Kathrine Krekeler - Attorney in

Number of Bond **999401549** Annual Premium of Bond \$335.94

Approved by the Menifee County Board of Education
on _____, _____

Chairperson

Secretary

TO BE RETAINED AT THE LOCAL SCHOOL BOARD OFFICE

Dated 7/7/21





POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Joshua Kincaid

Agency Name: AssuredPartners NL, LLC

Bond Number: 999401549

Obligee: Commonwealth of Kentucky Department of Education

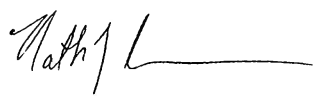
Bond Amount: (\$200,000.00) Two Hundred Thousand Dollars And Zero Cents

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 **Kathrine Krekeler** in the city and state of **Cincinnati, OH**, 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 21st day of April, 2025.



The Ohio Casualty Insurance Company

By: 
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 21st day of April, 2025, before me personally appeared Nathan J. Zangerle, 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 Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: 
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 Nathan J. Zangerle, 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 21st day of April, 2025.



By: 
Renee C. Llewellyn, Assistant Secretary

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



BOND

KNOW ALL MEN BY THESE PRESENTS:

No. **999401512**

That we Joshua Kincaid

of 151 Silver Maple Lane, Stanton, KY 40380

(Insert Full Name [top line] and Address [bottom line] of Principal)

, as Principal and The Ohio Casualty Insurance Company, a corporation organized and existing under the laws of the State of Ohio, (hereinafter called the Surety, are held and firmly bound unto Menifee County Board of Education

P.O. Box 110 440 Wynn Flat Road, Frenchburg, KY 40322

(Insert Full Name [top line] and Address [bottom line] of Oblige)

in the aggregate and non-cumulative penal sum of Two Hundred Thousand Dollars And Zero Cents

(\$200,000.00)

) DOLLARS, for the payment of which, well and truly

to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED and DATED April 21, 2025

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That Whereas, the said Principal has been elected or appointed to (or holds by operation of law) the office of Superintendent

for a term beginning on July 1, 2025

and ending on July 1, 2026

It being understood that the Surety shall not be responsible for acts of omission or commission occurring prior to July 1, 2025

NOW, THEREFORE, If the said Principal shall well, truly and faithfully perform all official duties required by law of such official during the term aforesaid, then this obligation shall be void: otherwise to remain in full force and effect.

THIS BOND is executed by the Surety upon the following express conditions

First: That the Surety may, if it shall so elect, cancel this bond by giving thirty (30) days notice in writing to Menifee County Board of Education

P.O. Box 110 440 Wynn Flat Road, Frenchburg, KY 40322

and this bond shall be deemed canceled at the expiration of said thirty (30) days, the Surety remaining liable, however, subject to all the terms, conditions and provisions of this bond, for any act or acts covered by this bond which may have been committed by the Principal up to the date of such cancelation; and the Surety shall, upon surrender of this bond and its release from all liability hereunder, refund the premium paid, less a pro rate part thereof for the time this bond shall have been in force.

Second: That the Surety shall not be liable hereunder for the loss of any public moneys or funds occurring through or resulting from the failure of, or default in payment by, any banks or depositories in which any public moneys or funds have been deposited, or may be deposited, or placed to the credit, or under the control of the Principal, whether or not such banks or depositories were or may be selected or designated by the Principal or by other persons; or by reason of the allowance to, or acceptance by the Principal of any interest on said public moneys or funds. any law, decision, ordinance or statute to the contrary notwithstanding

Third: That the Surety shall not be liable for any loss or losses, resulting from the failure of the Principal to collect any taxes, licenses, levies, assessments, etc., with the collection of which he may be chargeable by reason of his election or appointment as aforesaid.

Joshua Kincaid

The Ohio Casualty Insurance Company

By: _____

Kathrine Krekeler

Attorney-in-Fact



OATH OF OFFICE

STATE OF Kentucky }
County of _____ } SS

I, Joshua Kincaid,
do solemnly swear (or affirm) that I will support, protect and defend the Constitution of The United States and the Constitution of the
State of Kentucky and that I will discharge the duties of my office of Superintendent
_____ with fidelity; that I have not
paid or contributed, or promised to pay or contribute, either directly or indirectly, any money or other valuable thing to procure my
nomination or election (or appointment), except for necessary and proper expenses expressly authorized by law; that I have not
knowingly violated any election law of this State, or procured it to be done by others in my behalf; that I will not knowingly receive,
directly or indirectly, any money or other valuable thing for the performance or non-performance of any act or duty pertaining to my
office than the compensation allowed by law. So help me God.

Sworn to and subscribed before me this _____ day of _____, _____



POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Joshua Kincaid

Agency Name: AssuredPartners NL, LLC

Bond Number: 999401512

Obligee: Menifee County Board of Education

Bond Amount: (\$200,000.00) Two 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 **Kathrine Krekeler** in the city and state of **Cincinnati, OH**, 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 21st day of April, 2025.



The Ohio Casualty Insurance Company

By: 

Nathan J. Zangerle, Assistant Secretary

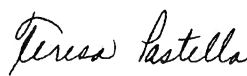
STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

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IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: 
Teresa Pastella, Notary Public

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 21st day of April, 2025.



By: 
Renee C. Llewellyn, Assistant Secretary

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

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.