



**BOND**

**KNOW ALL MEN BY THESE PRESENTS:**

No. 999462418

That we Tommy Cash

of 1218 Johnson St, Hartford, KY 42347

(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 Ohio County Fiscal Court

130 East Washington St, Suite 215, Hartford, KY 42347

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

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

(\$10,000.00

) 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 February 17, 2026**

**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 Deputy Coroner

for a term beginning on February 3, 2026 and ending on Continuous

It being understood that the Surety shall not be responsible for acts of omission or commission occurring prior to February 3, 2026

**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

Ohio County Fiscal Court

130 East Washington St, Suite 215, Hartford, KY 42347

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.

Tommy Cash

The Ohio Casualty Insurance Company



By: Carolyn Banks

Carolyn Banks

Attorney-in-Fact

OATH OF OFFICE

STATE OF Kentucky \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

I, Tommy Cash \_\_\_\_\_,  
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 Deputy Coroner \_\_\_\_\_  
\_\_\_\_\_ 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: Tommy Cash

Agency Name: KACO INSURANCE AGENCY INC

Bond Number: 999462418

Obligee: Ohio County Fiscal Court

Bond Amount: (\$10,000.00) Ten 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 Carolyn Banks 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 17th day of February, 2026.



The Ohio Casualty Insurance Company

By: Nathan J. Zangerle  
Nathan J. Zangerle, Assistant Secretary

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

STATE OF PENNSYLVANIA ss  
COUNTY OF MONTGOMERY

On this 17th day of February, 2026, 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  
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 17th day of February, 2026.



By: Renee C. Llewellyn  
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.

**KACo Insurance Agency**

400 Englewood Drive  
Frankfort, Kentucky 40601  
Tel: 800-264-5226  
Fax: 502-875-8242

**INVOICE NO: B32990**  
**INVOICE DATE: 02/17/2026**  
**DUE DATE: 03/19/2026**

**INSURED:**

Ohio County Fiscal Court  
130 East Washington Street  
Suite 215  
Hartford KY 42347

**COUNTY: Ohio**

**BOND NO:** 999462418-2      **EFFECTIVE:** 02/03/2026      **EXPIRES:** 02/03/2027  
**PRINCIPAL:** Tommy Cash, DEPUTY CORONER  
**OBLIGEE:** Ohio County Fiscal Court

<i>Effective</i>	<i>Description</i>	<i>Cost</i>	<i>Amount Due</i>
02/03/2026	ANNUAL PREMIUM FOR \$10,000 PUBLIC OFFICIAL BOND	\$100.00	\$100.00

Sub Total:	\$100.00
KY Surcharge:	\$1.80

Payment Info

Date Paid:	<input type="text"/>
Amount Paid:	<input type="text"/>
Check No.	<input type="text"/>

**Total Due: \$101.80**

Please return a copy of this invoice with your payment!

**Servicing Agency**

Kentucky Association of Counties Insurance Agency  
(800) 264-5226

MEMBER NO: 0019