## PERFORMANCE BOND

| F            | KNOW ALL MEN BY THESE                  | PRESENTS:           |                                    |                              |          |
|--------------|--|---------------------|------------------------------------|------------------------------|----------|
| )            | Johnson Building That we, Company, LLC |                     | Fidelity & Deposit Cor of Maryland | npany<br>, a corporation org | anized   |
| υ            | under the laws of the State of _       | Maryland,           | and authorized to to               | ransact business in the S    | State of |
|              | Oklahoma, as Surety, are held          |                     |                                    |                              | nicipal  |
| (            | Corporation and city of the first      | class, of the State | of Oklahoma, in th                 | e full and just sum of       |          |
| Fifty Four ] | Thousand Eight Hundred Eighty Eigh     | t & 00/100 DOLL     | ARS, (\$ 54,888.00                 | ), for the payment of        | which,   |
| v            | well and truly to be made, we,         | , and each of us,   | bind ourselves, our                | r heirs, executors and a     | ssigns,  |
| t            | themselves, and its successors         | and assigns jointly | y and severally, firm              | nly by these presents.       | Dated    |
| ti           | his day of                             | , 20_               |                                    | 5                            |          |
|              |  |                     |                                    |                              |          |
|              | The conditions of this obligation      |                     |                                    | al is the lowest and best    | bidder   |
| f            | for the making of the following        | city work and imp   | provements, viz.:                  |                              |          |
|              | WESTW                                  | OOD GOLF TO         | URNAMENT PAY                       | VILION                       |          |

and has entered into a certain written contract with THE CITY OF NORMAN dated \_\_\_\_\_\_\_\_, for the erection and construction of said work and improvement, which said contract is hereby made a part and parcel of this bond as if literally written herein.

NOW, THEREFORE, if said Principal shall, in all particulars, well, truly and faithfully perform and abide by said Contract and each and every covenant, condition and part thereof and shall fulfill all obligations resting upon said Principal by the terms of said contract and said specifications; and if said Principal shall promptly pay, or cause to be paid, all labor, materials and/or repairs and all bills for labor performed on said work, whether by subcontract or otherwise; and if said Principal shall protect and save harmless said City of Norman from all loss, damage and expense to life or property suffered or sustained by any person, firm, or corporation caused by said Principal or his or its agents, servants, or employees in the construction of said work, or by or in consequence of any negligence, carelessness or misconduct in guarding and protecting the same, or from any act or omission of said Principal or his or its agents servants, or employees, and if said Principal shall protect and save the City of Norman harmless from all suits and claims of infringement or alleged infringement or patent rights or processes, then this obligation shall be null and void, otherwise to be and remain in full force and effect.

It is further expressly agreed and understood by the parties thereto that no changes or alterations in said Contract and no deviations from the plan or mode of procedure herein fixed shall have the effect of releasing the sureties, or any of them, from the obligations of this Bond.

IN WITNESS WHEREOF, the said Principal has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its duly authorized officers, and the said surety has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its attorney-in-fact, duly authorized to do so, the day and year first above written.

| ATTEST:   | Johnson Building Company, LLC          |  |  |  |  |
|---|--|--|--|--|--|
|   | Company Name                           |  |  |  |  |
| George T. Wage  | BY // At                               |  |  |  |  |
| Corporate Secretary / WITHOUS   | Principal                              |  |  |  |  |
| ATTEST:   | Fidelity & Deposit Company of Maryland |  |  |  |  |
| Dettre Stack  | Surety Name                            |  |  |  |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | BY Dicke War                           |  |  |  |  |
|   | Surety                                 |  |  |  |  |
|   |  |  |  |  |  |
| STATE OF OKLAHOMA, COUNTY OF CLEVE  | LAND, SS:                              |  |  |  |  |
| Before me, the undersigned, a Notary Public in and 2015 personally appeared person who executes the foregoing, and acknowledge free and voluntary act and deed for the uses | ge to me that executed the same as     |  |  |  |  |
| WITNESS my hand and seal the day and year last a  | bove written.                          |  |  |  |  |
| My Commission Expires 1 Commission Expires Oct 06,  | Notary Public Notary                   |  |  |  |  |
| Approved as to form and legality this day of _  | ,20                                    |  |  |  |  |
|   | City Attorney                          |  |  |  |  |
|   | • •                                    |  |  |  |  |
| Approved by the Council of the City of Norman, thi  | s day of, 20                           |  |  |  |  |
|   |  |  |  |  |  |
| ATTEST:   | Mayor                                  |  |  |  |  |
|   |  |  |  |  |  |
| City Clerk  |  |  |  |  |  |

## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

|   | ne terms and conditions of the policy, of the policy |        |        | cies may require an endors              | ement  | . A statemen               | t on this cert | ificate does not confer ri                | ghts to | the       |  |
|---|---|--------|--------|---|--|----------------------------|----------------|---|---------|-----------|--|
| PRODUCER  |   |        |        | CONTACT Shelia                          |  |                            |                |   |         |           |  |
|   | well-Stone Insurance, Inc.  |        |        | -                                       | PHONE AGE 341 0330   |                            |                |   |         |           |  |
|   | 00 S. Broadway  |        |        | İ                                       | AUC, No, Ext): 405.341.8330 (AUC, No): 405.340.6784  E-MAIL ADDRESS: shelia@howell-stone.com   |                            |                |   |         |           |  |
| PO Box 5010   |   |        |        |   | INSURER(S) AFFORDING COVERAGE NAIC #   |                            |                |   |         |           |  |
|   | mond, OK 73083-5010   |        |        | =                                       | INSURERA: Berkley Assurance Company  |                            |                |   | 39462   |           |  |
|   | RED Johnson Building Co LL  | C      |        |   | INSURER B: Progressive Northern Ins Co   |                            |                |   | 38628   |           |  |
| 7600 Newcastle Road   |   |        |        |   |  |                            |                |   |         |           |  |
| Oklahoma City, OK 73169 3000  |   |        |        |   |  | INSURER C:                 |                |   |         |           |  |
| OKTATIONIA CTCY, OK 75105 5000  |   |        |        |   |  | INSURER E :                |                |   |         |           |  |
|   |   |        |        |   |  |                            |                |   |         | +         |  |
|   | COVERAGES CERTIFICATE NUMBER: 2015 Certificate REVISION NUMBER:   |        |        |   |  |                            |                |   |         |           |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |        |        |   |  |                            |                |   |         | THIS      |  |
| INSR<br>LTR   | TYPE OF INSURANCE   | INSR   | WVD    | POLICY NUMBER                           |  | POLICY EFF<br>(MM/DD/YYYY) | (MM/DD/YYYY)   | LIMIT                                     | s       |           |  |
| 2.11  | GENERAL LIABILITY   | 1      |        |   | 4082   | 01/01/2015                 |                | EACH OCCURRENCE                           | \$      | 1,000,000 |  |
|   | X COMMERCIAL GENERAL LIABILITY  |        |        | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  |                            |                | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$      | 100,000   |  |
|   | CLAIMS-MADE X OCCUR   |        |        |   |  |                            |                | MED EXP (Any one person)                  | \$      | EXCLUDED  |  |
| Α   |   |        |        |   |  |                            |                | PERSONAL & ADV INJURY                     | \$      | 1,000,000 |  |
|   |   |        |        | er er                                   |  |                            |                | GENERAL AGGREGATE                         | \$      | 2,000,000 |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |        |        |   |  |                            | ::-            | PRODUCTS COMP/OP AGG                      | \$      | 2,000,000 |  |
|   | POLICY X PRO-   |        |        |   |  |                            |                |   | \$      |           |  |
|   | AUTOMOBILE LIABILITY  |        |        | 012854                                  | 24-1   | 01/01/2015                 | 01/01/2016     | COMBINED SINGLE LIMIT<br>(Ea accident)    | \$      | 1,000,000 |  |
|   | X ANY AUTO  |        |        | I " = "                                 |  |                            |                | BODILY INJURY (Per person)                | \$      |           |  |
| В   | ALL OWNED SCHEDULED AUTOS   |        |        |   |  |                            |                | BODILY INJURY (Per accident)              | \$      |           |  |
|   | HIRED AUTOS NON-OWNED AUTOS   |        |        |   |  |                            |                | PROPERTY DAMAGE<br>(Per accident)         | \$      |           |  |
|   | A0103   |        |        |   |  |                            |                | (, , , , , , , , , , , , , , , , , , ,    | \$      |           |  |
|   | UMBRELLA LIAB OCCUR   | 1      |        |   |  | -                          |                | EACH OCCURRENCE                           | \$      |           |  |
|   | EXCESS LIAB CLAIMS-MADE   |        |        |   |  |                            |                | AGGREGATE                                 | \$      |           |  |
|   | DED RETENTION \$  |        |        | 9                                       |  |                            |                |   | \$      |           |  |
|   | WORKERS COMPENSATION  |        |        |   |  |                            |                | WC STATU- OTH-                            |         |           |  |
|   | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE   |        |        |   |  |                            |                | E.L. EACH ACCIDENT                        | \$      |           |  |
|   | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A    |        |   |  |                            | ĺ              | E.L. DISEASE - EA EMPLOYEE                | \$      |           |  |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |        |        |   |  |                            |                | E.L. DISEASE - POLICY LIMIT               | \$      |           |  |
|   |   |        |        |   |  |                            |                |   |         |           |  |
|   |   |        |        |   |  |                            |                |   |         |           |  |
|   |   |        |        |   |  |                            |                |   |         |           |  |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | ES (At | ach AC | CORD 101, Additional Remarks Sche       | dule, if r   | nore space is req          | uired)         |   |         |           |  |
| Re: Westwood Golf Tournament Pavilion   |   |        |        |   |  |                            |                |   |         |           |  |
| CEI   | RTIFICATE HOLDER  |        |        |   | CANC   | ELLATION                   |                |   | -       |           |  |
|   |   |        |        |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                            |                |   |         |           |  |
| City of Norman<br>201 W Gray Street   |   |        |        |   | AUTHORIZED REPRESENTATIVE UMOSlowellosis.  |                            |                |   |         |           |  |
| Norman, OK 73069  |   |        |        | W. D. Howell Jr./KR                     |  |                            |                |   |         |           |  |