GUARANTEE AND WARRANTY BOND

WHEREAS, HB HOMES MANAGEMENT, LLC, as a Principal, and THE OHIO

CASUALTY INSURANCE COMPANY, a corporation organized under the laws of the State of NEW HAMPSHIRE and duly authorized to do business in the State of California, as Surety, are held and firmly bound unto the City of Huntington Beach, California, as Obligee, in the penal sum of THIRTY TWO THOUSAND NINE HUNDRED TWELVE (\$32,912.00), representing 10 percent of the contract price entered into between the Principal and Obligee, to which payment well and truly to be made we do bind ourselves, and each of our heirs, executors, administrators, successors and assigns jointly and severally.

WHEREAS, the said Principal entered into a contract with said Obligee, dated February 4, 2019, for work described as follows:

Public Improvements constructed consist of a Detention Basin and Water Quality Swale at the Lebard Park and Residential Development (Tract 17801, L 16-171)

WHEREAS, said contract provides that the Principal will furnish a bond conditioned to guarantee and warrant for the period of one year after completion of the work and acceptance thereof by the Obligee, against all defects in workmanship and materials during said one-year period.

WHEREAS, said work has been completed, and accepted by Obligee on <u>December 2</u>, 2019

NOW, THEREFORE, the Principal and Surety, jointly and severally shall indemnify the Obligee for all loss that the Obligee may sustain by reason of any defective materials or workmanship, which become apparent during the period of one year from and after date of completion of work and acceptance thereof by Obligee.

In witness whereof, this instrument has been duly executed by the principal and surety

above named, on NOVEMBER 12, 2019

HB HOMES MANAGEMENT, LLC, as Principal

MICHAEL E. GATES

CITY ATTORNEY APPROVE.

CITY OF HUNTINGTON BEACH

APRROVED AS TO FORM

DAVID NGUYEN, MEMBER

MICHAŁ CITY A CITY OF HUNT:

THE OHIO CASUALTY INSURANCE COMPANY, as Surety

By______WILLIAM FORD PERSONS, Attorney-In-Fact

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	}
County of ORANGE	_ }
On NOVEMBER 13, 2019 before me,	HAN T NGLIYEN (Here insert name and title of the officer)
name(s)(is) are subscribed to the within he she/they executed the same in his/h	NGUYEN factory evidence to be the person(s) whose instrument and acknowledged to me that ner/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJUR'the foregoing paragraph is true and co	Y under the laws of the State of California that rrect.
WITNESS my hand and official seal.	HAN T. NGUYEN COMM. # 2224901 NOTARY PUBLIC -CALIFORNIA ORANGE COUNTY MY COMM. EXP. DEC. 10, 2021
Notary Public Signature (N	lotary Public Seal)
ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING THIS F ON This form complies with current California statutes regarding notar
BOND No. 36 KO 12696 (Title or description of attached document)	if needed, should be completed and attached to the document. Acknowing from other states may be completed for documents being sent to that as the wording does not require the California notary to violate California. State and County information must be the State and County where signer(s) personally appeared before the notary public for acknowles. Date of notarization must be the date that the signer(s) personally a
(Title or description of attached document continued)	must also be the same date the acknowledgment is completed. • The notary public must print his or her name as it appears with
Number of Pages Document Date	commission followed by a comma and then your title (notary publi

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
- □ Corporate Officer

(Title)

- ☐ Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other

2015 Version www.NotaryClasses.com 800-873-9865

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- e the document edgment.
- appeared which
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of
 - the county clerk.

 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- · Securely attach this document to the signed document with a staple.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIFORNIA	-	
County of LOS ANGELES		
On 11/12/2019 before me, WILLIAM CHRI	S BAILEY , Notary Public	
 -	iam Ford Persons	
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.		
	I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.	
WILLIAM CHRIS BAILEY COMM. 2181847 September 19 NOTARY PLEUC CALIFORNIA SEPTEMBER COUNTY 1.1 COMM. Express Feb. 25, 2021	WITNESS my hand and official seal. Signature of Notary	
OPTIONAL		
Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.		
CAPACITY CLAIMED BY SIGNER	DESCRIPTION OF ATTACHED DOCUMENT	
☐ INDIVIDUAL	Boxp# 36K017696	
CORPORATE OFFICER	Title or Type of Document	
PARTNER(S) MEMBER of LLC ATTORNEY-IN-FACT TRUSTEE(S)	Number of Pages	
☐ GUARDIAN/CONSERVATOR	Date of Document	
OTHER:	•	
SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	Signer(s) other than named above	
	- Additional Control of the Control	



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.

> Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

Certificate No: 8201767-987486

on any business day

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POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, William Chris Bailey; William Ford Persons

all of the city of Los Angeles state of CA 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 Companies in their own proper

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed 6th day of August . 2019







Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

State of PENNSYLVANIA County of MONTGOMERY SS

On this 6th day of August , 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American 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 a 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 nnsylvania Association of Notarie

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

confirm the validity of this Power of Attorney 10-832-8240 between 9:00 am and 4:30 pm 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 execution of any such instruments and to attach thereto the seal of the Corporation. When so 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.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company 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 Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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 of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney 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, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this $12th_{day\,of}$ NOVEMBER







Renee C. Llewellyn, Assistant Secretary

2019

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