

**AUTOMOBILE DEALER MOTOR VEHICLE REGISTRATION BOND**

BOND NUMBER E705659

THE STATE OF TEXAS

COUNTY OF WEBB

KNOWN ALL MEN BY THESE PRESENTS:

That We, Sames Laredo Chevrolet as principal and Great American Insurance Company as Surety, are held and firmly bound unto Webb County Tax Assessor, Tax Assessor Collector of the County of WEBB State of Texas, and to his successors in office, in the full and just sum of Fifty Thousand -- Dollars (\$50,000.00), lawful money of the United States for the payment of which sum, we bind ourselves, our heirs, our executors, administrators, successors and assigns jointly, and severally, firmly by these presents.

WHEREAS the above bounden principal Sames Laredo Chevrolet desires to pick up License Plates, License Renewal Stickers, License Registration Receipts, Receipt for Title Applications/Registration/Motor Vehicle Tax, and Other supplies ("Motor Vehicle Supplies") from Webb County Tax Assessor, Tax Assessor Collector of the County of WEBB valued at not exceeding Fifty Thousand -- Dollars (\$50,000.00).

NOW THEREFORE, the condition of Said Obligation is Such, That, if the above bounden Principal, Sames Laredo Chevrolet will pay all taxes and fees for said Motor Vehicle supplies or deliver said, unused and unissued, upon demand by said Webb County Tax Assessor, Tax Assessor collector of the County of WEBB or his successors in office, then this obligation shall be null and void; otherwise, to remain in full force and effect.

This obligation may be canceled by said Surety by giving thirty (30) days notice in writing of its intention so to do, to the said Webb County Tax Assessor, Tax Assessor Collector of the County of WEBB ; and the said Surety shall be relieved of any further liability under this bond thirty (30) days from receipt of said notice by the said Tax Assessor Collector of County of

IN WITNESS WHEREOF, the said Principal has hereunto set his hand and the said Surety has caused these presents to be executed by its duly authorized Attorney-in-Fact this 28th day of February, 2022.

Great American Insurance Company

SURETY  
  
ATTORNEY-IN-FACT  
Matthew Patercsak



TAX ASSESSOR COLLECTOR  
WEBB COUNTY

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
PRINTED NAME OF PRINCIPAL SIGNER

\_\_\_\_\_  
TITLE OR POSITION OF SIGNER

Sames Laredo Chevrolet

\_\_\_\_\_  
LEGAL NAME OF PRINCIPAL

Principal Address:

\_\_\_\_\_  
3701 E Saunders St

\_\_\_\_\_  
Laredo, TX 78041



# INVOICE

February 28, 2022

Commercial Surety

**PRINCIPAL:**

Sames Laredo Chevrolet

, TX

**AGENCY:**

Ally Insurance

Ally Detroit Center, 500 Woodward Ave., 14th Floor  
Detroit, MI 48226

COMMERCIAL SURETY TRANSACTION INVOICE	
BOND #:	E705659
DESCRIPTION:	All Other Texas License & Permit Bond (000)
OBLIGEE:	Webb County Tax Assessor Collector's Office 1110 Victoria St #107 Laredo, TX 78040
BOND AMOUNT:	\$50000---
EFFECTIVE DATE:	February 28, 2022
EXPIRATION DATE:	February 27, 2023
BILLING METHOD:	B
	<i>B=Agency Bill, C=Direct Bill-Credit Card D=Direct Bill-Invoice/Check</i>
<b>PREMIUM DUE:</b>	<b>\$425.00---</b>

**PLEASE REMIT TO:**

Great American Insurance Company  
3561 Solutions Center  
Chicago, IL 60677-3005

Ally Insurance  
Ally Detroit Center, 500 Woodward Ave., 14th Floor  
Detroit, MI 48226

1-800-729-4622

**IF CREDIT CARD PAYMENT WAS MADE ONLINE  
(AS CONFIRMED BY THE BILLING METHOD SHOWN ABOVE),  
PLEASE PRINT THIS RECEIPT FOR YOUR RECORDS.**

CREDIT CHARGES APPEAR ON STATEMENT AS "GREAT AMERICAN INSURAN 8008494357 OH"

*Thank you for your business!*

**GREAT AMERICAN INSURANCE COMPANY®**

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than one

Bond No. E705659

**POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Matthew Patercsak	Ally Detroit Center, 500 Woodward Ave., 14th Floor Detroit, MI 48226	\$50000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 28th day of February, 2022  
Attest  
GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*  
Assistant Secretary

*Mark Vicario*  
Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:  
On this 28th day of February, 2022, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

*RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.*

*RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.*

**CERTIFICATION**

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 28th day of February, 2022



*Stephen C. Beraha*  
Assistant Secretary

Great American Insurance Company



**COMMERCIAL SURETY APPLICATION**

BOND EXECUTED BY COMPANY INDICATED ABOVE HEREAFTER REFERRED TO AS THE SURETY

**SECTION I: GENERAL INFORMATION**

Commercial Surety

APPLICANT'S NAME Sames Laredo Chevrolet SS# 999-99-9999

APPLICANT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

BUSINESS NAME Sames Laredo Chevrolet PHONE \_\_\_\_\_

**FRAUD WARNING:** Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime \*and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. \*State of NY only.

**THE APPLICANT HEREBY AGREES:**

The applicant(s) and the Indemnitor(s), if any, hereby authorize the Surety to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of the Surety for any suretyship or claim obligations expire.

**INDEMNITY AGREEMENT** The undersigned hereby declare that the statements made herein are true and correct, and are made to induce the Surety to execute, renew or continue a bond or bonds (hereinafter referred to as the "Bonds"). In consideration of the execution, renewal or continuation by the Surety of the Bonds, the Undersigned, jointly and severally, agree as follows: To pay the premium for the first year and annually in advance thereafter as long as liability shall continue under the Bonds, or any continuation or renewal thereof, or substitute therefore; To indemnify the Surety against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Surety may sustain or incur by reason of executing the Bonds, in making any investigation on account thereof, in prosecuting or defending any action which may be brought in connection therewith, in obtaining a release therefrom, and in enforcing any of the agreements herein contained; That the Surety shall have the right, and is hereby authorized, to investigate, adjust, settle or compromise any claim, demand, suit or judgment upon the Bonds; To deposit with the Surety, upon demand, an amount sufficient to discharge any claim on the Bonds; To waive, and here does waive, all right to claim any property, including homestead, exempt from levy, execution, sale or other legal process under the law of any state or states; That the Surety shall be under no obligation to execute, renew or continue any bond, and shall have the absolute right to cancel the Bonds, or any of them, in accordance with any cancellation provision contained therein, or to procure its release from any bond under any law for the release of sureties, and Surety is hereby released from any damage that may be sustained by the undersigned by reason of such cancellation or release; The Undersigneds' obligations under this Agreement may only be terminated by sending written notice to the Surety. Such notice shall be effective twenty (20) days after receipt of the notice of termination, but in no event shall such notice operate to modify, bar, or discharge the Undersigneds as to the Bonds that may have been executed before the effective date of termination; That this Agreement shall be binding upon the Undersigned and each of them whether signing as applicant for the bond or as indemnitor, and upon their respective heirs, executors, administrators, successors and assigns, and shall be liberally construed as against the Undersigned.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

WITNESS: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

Typed/Printed: Sames Laredo Chevrolet

**SECTION III: COMPLETE FOR CASES REQUIRING ADDITIONAL INDEMNITY & ATTACH FINANCIALS OF INDEMNITORS**

In consideration of the Surety executing, procuring the execution of, renewing, or presently exercising its right to cancel the Bonds, we jointly and severally agree to be bound by the foregoing agreement, and if the undersigned is a corporation, it warrants that it is financially interested in the performance of the obligation which said bond applied for is given to secure, and asserts that it is fully empowered to obligate itself hereby.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

WITNESS: \_\_\_\_\_ INDEMNITOR: Sames Laredo Chevrolet SS# 999-99-9999

WITNESS: \_\_\_\_\_ INDEMNITOR: \_\_\_\_\_ SS# \_\_\_\_\_

WITNESS: \_\_\_\_\_ INDEMNITOR: \_\_\_\_\_ SS# \_\_\_\_\_

WITNESS: \_\_\_\_\_ INDEMNITOR: \_\_\_\_\_ SS# \_\_\_\_\_

WITNESS: \_\_\_\_\_ INDEMNITOR: \_\_\_\_\_ SS# \_\_\_\_\_

**INDEMNITORS' SIGNATURES MUST BE ACKNOWLEDGED BY A NOTARY PUBLIC (ATTACH ADDITIONAL ACKNOWLEDGMENTS AS NEEDED)**

**COMPANY ACKNOWLEDGEMENT\***

'Name of Signer' is the authorized officer signing on behalf of the company.  
STATE OF] \_\_\_\_\_  
COUNTY OF] \_\_\_\_\_ ss:  
On, \_\_\_\_\_ before me  
(Date)  
\_\_\_\_\_  
(Notary)  
personally appeared \_\_\_\_\_  
(Name of Signer on Behalf of Company)  
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 (an Agreement of Indemnity) 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 on behalf of which the person(s) acted, executed the instrument.  
I certify under PENALTY OF PERJURY under the laws of this state that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal. \_\_\_\_\_  
(Signature of Notary)

My commission expires on \_\_\_\_\_.  
\*This acknowledgement is required for any bond where a company is named as the principal.

**ACKNOWLEDGEMENT**

STATE OF] \_\_\_\_\_  
COUNTY OF] \_\_\_\_\_ ss:  
On, \_\_\_\_\_ before me  
(Date)  
\_\_\_\_\_  
(Notary)  
personally appeared \_\_\_\_\_  
(Name of Signer)  
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 (an Agreement of Indemnity) 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 on behalf of which the person(s) acted, executed the instrument.  
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WITNESS my hand and official seal. \_\_\_\_\_  
(Signature of Notary)  
My commission expires on \_\_\_\_\_.

**ACKNOWLEDGEMENT**

STATE OF] \_\_\_\_\_  
COUNTY OF] \_\_\_\_\_ ss:  
On, \_\_\_\_\_ before me  
(Date)  
\_\_\_\_\_  
(Notary)  
personally appeared \_\_\_\_\_  
(Name of Signer)  
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 (an Agreement of Indemnity) 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 on behalf of which the person(s) acted, executed the instrument.  
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WITNESS my hand and official seal. \_\_\_\_\_  
(Signature of Notary)  
My commission expires on \_\_\_\_\_.

**ACKNOWLEDGEMENT**

STATE OF] \_\_\_\_\_  
COUNTY OF] \_\_\_\_\_ ss:  
On, \_\_\_\_\_ before me  
(Date)  
\_\_\_\_\_  
(Notary)  
personally appeared Sames Laredo Chevrolet  
(Name of Signer)  
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 (an Agreement of Indemnity) 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 on behalf of which the person(s) acted, executed the instrument.  
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My commission expires on \_\_\_\_\_.

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COUNTY OF] \_\_\_\_\_ ss:  
On, \_\_\_\_\_ before me  
(Date)  
\_\_\_\_\_  
(Notary)  
personally appeared \_\_\_\_\_  
(Name of Signer)  
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 (an Agreement of Indemnity) 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 on behalf of which the person(s) acted, executed the instrument.  
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WITNESS my hand and official seal. \_\_\_\_\_  
(Signature of Notary)  
My commission expires on \_\_\_\_\_.

**ACKNOWLEDGEMENT**

STATE OF] \_\_\_\_\_  
COUNTY OF] \_\_\_\_\_ ss:  
On, \_\_\_\_\_ before me  
(Date)  
\_\_\_\_\_  
(Notary)  
personally appeared \_\_\_\_\_  
(Name of Signer)  
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 (an Agreement of Indemnity) 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 on behalf of which the person(s) acted, executed the instrument.  
I certify under PENALTY OF PERJURY under the laws of this state that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal. \_\_\_\_\_  
(Signature of Notary)  
My commission expires on \_\_\_\_\_.



**Great American Insurance Company of New York  
Great American Alliance Insurance Company  
Great American Insurance Company**

**IMPORTANT NOTICE:**

To obtain information or make a complaint:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance at:

P.O. Box 149104  
Austin, TX 78714-9091  
FAX: 1-512-490-1007

Your notice of claim against the attached bond may be given to the surety company that issued the bond by sending it by certified or registered mail to the following address:

Mailing Address: Great American Insurance Company  
P.O. Box 2119  
Cincinnati, Ohio 45202

Physical Address: Great American Insurance Company  
301 E. Fourth Street  
Cincinnati, Ohio 45202

You may also contact the Great American Insurance Company Claim office by:

Fax: 1-888-290-3706  
Telephone: 1-513-369-5091  
Email: [bondclaims@gaic.com](mailto:bondclaims@gaic.com)

**PREMIUM OR CLAIM DISPUTES:**

If you have a dispute concerning a premium, you should contact the agent first. If you have a dispute concerning a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR BOND:**

This notice is for information only and does not become a part or condition of the attached document.