



**VERIFICATION CERTIFICATE FOR
INDEFINITE TERM BOND**

The Ohio Casualty Insurance Company _____, Surety upon:

a certain Bond No.: **32S498864** _____

Cross Ref Bond No.: _____

dated effective: March 16, 2016 _____

on behalf of: ROCK'S MOVING COMPANY _____

and in favor of: ROCK'S MOVING COMPANY _____

Amount of bond: \$25,000.00 _____

Description of bond: moving company _____

Current Bond Term: March 16, 2023 to March 16, 2024 _____

and that the said bond remains in effect, subject to all its agreements, conditions and limitations, and ends only with the cancellation of said bond or other legal termination.

Signed and dated on: March 13, 2023 _____

Surety Name: The Ohio Casualty Insurance Company _____

By: Timothy A. Mikolajewski _____
Timothy A. Mikolajewski, Assistant Secretary

Agency Name: GREGOIRE FAMILY INS INC _____

Agency Address: 17179 Bonnie Ave Ste B, Port Charlotte, FL 33954 _____

Agency Telephone: (941) 889-7836 _____

