Agreement No. \$19-09227

## IMPROVEMENT SECURITY LABOR AND MATERIALS BOND

| BOND NO. | PB02497501026                   |      |  |  |
|----------|---------------------------------|------|--|--|
| PREMILIM | included with the Performance B | 3ono |  |  |

### KNOW ALL MEN BY THESE PRESENTS:

THAT WHEREAS, the Board of Supervisors of the County of Orange, State of California, and The New Home Company Southern California, LLC, a Delaware Limited Liability Company, (hereinafter designated as the "PRINCIPAL) has entered into an Agreement whereby PRINCIPAL agrees to install and complete certain designated public improvements, which said Agreement dated September , 2019 and identified as project: Tract No. 17605 Agreement S19-09227, Storm Drain Improvements is hereby referred to and made a part of hereof; and

WHEREAS, said PRINCIPAL is required under the terms of said Agreement to furnish a bond guaranteeing performance of said Agreement, and

Whereas, Philadelphia Indemnity Insurance Company

as "SURETY" agrees to be held firmly bound unto PRINCIPAL in the sum of <u>Thirty Five Thousand</u>

<u>Eight Hundred Thirty One Dollars (\$35,831)</u> which is <u>100%</u> of the total Agreement amount for the installation of <u>Storm Drain</u> improvements (as defined in the Agreement), for the payment of which sums PRINCIPAL and SURETY agree to be bound jointly and severally, and firmly by its presents;

WHEREAS, under the terms of said Agreement, PRINCIPAL is required, before entering upon the performance of the work, to file a good and sufficient payment bond with the County of Orange (herein after referred to as "COUNTY") to secure the claims to which reference is

made in Title 15 (commencing with Section 3082) of Part 4, of Division 3, of the Civil Code of the State of California.

It is hereby expressly stipulated and agreed that this bond shall inure to the benefit of any and all persons, companies and corporations entitled to file claims under Title 15 (commencing with Section 3082), of Part 4, of Division 3 of the Civil Code, so as to give a right of action to them or their assigns in any suit brought upon this bond.

Should the condition of this bond be fully performed, then this obligation shall become null and void; otherwise it shall be and remain in full force and effect.

The Surety hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the Agreement or the specifications accompanying the same shall in

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any manner affect its obligations on this bond and it does hereby waive notice of any change, extension, alteration or addition.

Agreement No. S19-09227

| SURETY above named, on this 11th    | of September   | , A.D. 2019. |
|-------------------------------------|--|--------------|
|                                     | THE NEW HOME COMPANY SOUTHER A DELAWARE LIMITED LIABILITY COMP |              |
|                                     | BY: PRESIDING  |              |
|                                     | BY: Sto Zue  |              |
| ATTACH ACKNOWLEDGEMENT              | By: Philadelphia Indemnity Insur Surety Company                | ance Company |
|                                     | Address: 251 S. Lake Ave., Suite Pasadena, CA 91101            | e 360        |
| Attach Acknowledgement              | By:  | e Wolf       |
|                                     | Orange, CA 92866   |              |
| APPROVED AS TO FORM: COUNTY COUNSEL |  |              |
| COUNTY OF ORANGE, CALIFORNIA        | INSURANCE/BONDS TO INSURER/SURE                                |              |
| DEPUTY Mark Sandar                  | CEO/RISK MAN   | IAGEMENT     |

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

**CIVIL CODE § 1189** 

| A notary public or other officer compound ocument to which this certificate is a  | pleting this certificate value trached, and not the trached.    | verifies only the in<br>uthfulness, accur                      | dentity of the individual who signed the acy, or validity of that document.  |
|---|---|--|--|
| State of California   | )   |  |  |
| County of Orange  | )   |  |  |
| On9/12/2019 be  | efore me, C. R  | omero, Nota  | ry Public  |
| Date  |   | Here Insert Na   | me and Title of the Officer  |
| personally appeared   | Andrew J. Jarvis and Stephen T. Jordan                          |  |  |
|   | Name(s) of Signer(s)  |  |  |
| subscribed to the within instrume   | ent and acknowledges), and that by his/h<br>the person(s) acted | ged to me that<br>er/their signatu<br>I, executed the          |  |
|   | of t  | ertify under PEI<br>the State of Ca<br>rue and correc          | NALTY OF PERJURY under the law<br>lifornia that the foregoing paragrap<br>t. |
| C. ROMERO<br>Notary Public - Calif<br>Orange County   | Ž   | TNESS my han   | d and official seal.   |
| Commission # 2281305<br>My Comm. Expires Mar 21, 2023   |   | nature   | CRONDRO Signature of Notary Public   |
|   |   |  |  |
| Place Notary Seal Abo   | ove<br>———— OPTIO   | NAI —  |  |
| Though this section is optional,  |   | ormation can d   | eter alteration of the document or nded document.                            |
| rraudulent real   | ent   |  |  |
| Description of Attached Docum   |   |  |  |
| Description of Attached Docum Title or Type of Document:  | <u> </u>  |  | Number of Pages  |
| Description of Attached Docum Title or Type of Document: Document Date:   |   |  | Number of Pages:   |
| Description of Attached Docum Title or Type of Document: Document Date: Signer(s) Other Than Named Abo  | ove:  |  | Number of Pages:   |
| Description of Attached Docum Title or Type of Document: Document Date: Signer(s) Other Than Named Abo Capacity(ies) Claimed by Signer  | ove:  |  |  |
| Description of Attached Docum Title or Type of Document: Document Date: Signer(s) Other Than Named Abo Capacity(ies) Claimed by Signer Signer's Name: Corporate Officer — Title(s):   | ove:  | Signer's Name  □ Corporate (                                   | e:<br>Officer — Title(s):  |
| Description of Attached Docum Title or Type of Document: Document Date: Signer(s) Other Than Named Abo Capacity(ies) Claimed by Signer Signer's Name: □ Corporate Officer — Title(s): □ Partner — □ Limited □ Gene                        | ove:  | Signer's Name  | e:<br>Officer — Title(s):<br>□ Limited □ General                             |
| Description of Attached Docum Title or Type of Document: Document Date: Signer(s) Other Than Named Abo Capacity(ies) Claimed by Signer Signer's Name: Corporate Officer — Title(s): Partner — _ Limited _ Gene Individual _ Attorney in F | ove:  | Signer's Name  Corporate ( Partner —                           | e:<br>Officer — Title(s):<br>□ Limited □ General<br>□ Attorney in Fact       |
| Description of Attached Docum Title or Type of Document: Document Date: Signer(s) Other Than Named Abo Capacity(ies) Claimed by Signer Signer's Name: □ Corporate Officer — Title(s): □ Partner — □ Limited □ Gene                        | eral Conservator  | Signer's Name  Corporate ( Partner — Individual Trustee Other: | e:<br>Officer — Title(s):<br>□ Limited □ General                             |

# 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 September 11, 2019 before me,  | Susan E. Morales, Notary Public  (Here insert name and title of the officer)  |
| name <del>(s)</del> is/are subscribed to the within he/she/they executed the same in his/   | sfactory evidence to be the person(s) whose instrument and acknowledged to me that ther/their authorized capacity(ies), and that by ment the person(s), or the entity upon behalf of  |
| I certify under PENALTY OF PERJUR<br>the foregoing paragraph is true and co                 | RY under the laws of the State of California that process.  |
| WITNESS my hand and official seal.  Sugar L. Modern Public Signature                        | SUSAN E. MORALES COMM. # 2279182 NOTARY PUBLIC - CALIFORNIA ORANGE COUNTY My Comm. Expires March 28, 2023  Notary Public Seal)  |
| ADDITIONAL OPTIONAL INFORMA   | TION INSTRUCTIONS FOR COMPLETING THIS FORM  |
| DESCRIPTION OF THE ATTACHED DOCUMENT Bond #PB02497501026                                    | This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowedgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.  |
| (Title or description of attached document)   | State and County information must be the State and County where the document  |
| Philadelphia Indemnity Insurance Co.  | signer(s) personally appeared before the notary public for acknowledgment.  • Date of notarization must be the date that the signer(s) personally appeared which  |
| (Title or description of attached document continued)  Number of Pages Document Date9/11/19 | must also be the same date the acknowledgment is completed.  The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).  Print the name(s) of document signer(s) who personally appear at the time of   |
| CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title)                     | 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. |
| ☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other  | <ul> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a</li> </ul>  |
| 2015 Version www.NotaryClasses.com 800-873-9865   | corporate officer, indicate the title (i.e. CEO, CFO, Secretary).  • Securely attach this document to the signed document with a staple.  |

#### PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

### Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Todd M. Rohm, Shane Wolf, Cheryl L. Thomas, Beata A. Sensi and Cathy S. Kennedy of Rohm Insurance Agency, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000.000.00.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED:

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27<sup>TH</sup> DAY OF OCTOBER, 2017.



Robert D. O'Leary Jr., President & CEO Philadeiphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Morgan Knepp, Nobary Public

Lower Merion Twp., Montgomery County

Ny Commission Expires. Sept. 25, 2021

KNEPP THE TOTAL T

Notary Public:

Moreyan Mopp

(Notary Seal)

(Seal)

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this \_\_\_\_\_\_

day of SEP 1 1 20 2019



Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY