

## *Exhibit H*

*When the prospective Contractor is unable to certify to any of the statements below, it shall attach an explanation to this Affidavit.*

**CONTRACTOR'S NON-COLLUSION AND NON-DEBARMENT AFFIDAVIT, CERTIFICATION  
REGARDING INVESTMENT WITH IRAN, EMPLOYMENT ELIGIBILITY VERIFICATION,  
NON-DISCRIMINATION COMMITMENT AND CERTIFICATION OF USE OF UNITED STATES  
STEEL PRODUCTS OR FOUNDRY PRODUCTS**

(Must be completed for all quotes and bids. Please type or print)

STATE OF IN )  
St. Joseph COUNTY ) SS:  
 )

The undersigned Contractor, being duly sworn upon his/her/its oath, affirms under the penalties of perjury that:

1. Contractor has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to induce anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding. Contractor further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale; and
2. Contractor certifies by submission of this proposal that neither contractor nor any of its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency; and
3. Contractor has not, nor has any successor to, nor an affiliate of, Contractor, engaged in investment activities in Iran.
  - a. For purposes of this Certification, "Iran" means the government of Iran and any agency or instrumentality of Iran, or as otherwise defined at Ind. Code § 5-22-16.5-5, as amended from time-to-time.
  - b. As provided by Ind. Code § 5-22-16.5-8, as amended from time-to-time, a Contractor is engaged in investment activities in Iran if either:
    - i. Contractor, its successor or its affiliate, provides goods or services of twenty million dollars (\$20,000,000) or more in value in the energy sector of Iran; or
    - ii. Contractor, its successor or its affiliate, is a financial institution that extends twenty million dollars (\$20,000,000) or more in credit to another person for forty-five (45) days or more, if that person will (i) use the credit to provides goods and services in the energy sector in Iran; and (ii) at the time the financial institution extends credit, is a person identified on list published by the Indiana Department of Administration.
4. Contractor does not knowingly employ or contract with an unauthorized alien, nor retain any employee or contract with a person that the Contractor subsequently learns is an unauthorized alien. Contractor agrees that he/she/it shall enroll in and verify the work eligibility status of all of Contractor's newly hired employees through the E-Verify Program as defined by I.C. 22-5-1.7-3. Contractor's documentation of enrollment and participation in the E-Verify Program is included and attached as part of this bid/quote; and

5. Contractor shall require his/her/its subcontractors performing work under this public contract to certify that the subcontractors do not knowingly employ or contract with an unauthorized alien, nor retain any employee or contract with a person that the subcontractor subsequently learns is an unauthorized alien, and that the subcontractor has enrolled in and is participating in the E-Verify Program. The Contractor agrees to maintain this certification throughout the term of the contract with the City of South Bend, and understands that the City may terminate the contract for default if the Contractor fails to cure a breach of this provision no later than thirty (30) days after being notified by the City.

6. Persons, partnerships, corporations, associations, or joint venturers awarded a contract by the City of South Bend through its agencies, boards, or commissions shall not discriminate against any employee or applicant for employment in the performance of a City contract with respect to hire, tenure, terms, conditions, or privileges of employment, or any matter directly or indirectly related to employment because of race, sex, religion, color, national origin, ancestry, age, gender expression, gender identity, sexual orientation or disability that does not affect that person's ability to perform the work.

In awarding contracts for the purchase of work, labor, services, supplies, equipment, materials, or any combination of the foregoing including, but not limited to, public works contracts awarded under public bidding laws or other contracts in which public bids are not required by law, the City, its agencies, boards, or commissions may consider the Contractor's good faith efforts to obtain participation by those Contractors certified by the State of Indiana as a Minority Business ("MBE") or as a Women's Business Enterprise ("WBE") as a factor in determining the lowest, responsible, responsive bidder.

In no event shall persons or entities seeking the award of a City contract be required to award a subcontract to an MBE/WBE; however, it may not unlawfully discriminate against said WBE/MBE. A finding of a discriminatory practice by the City's MBE/WBE Utilization Board shall prohibit that person or entity from being awarded a City contract for a period of one (1) year from the date of such determination, and such determination may also be grounds for terminating the contact for which the discriminatory practice or noncompliance pertains.

7. The undersigned contractor agrees that the following nondiscrimination commitment shall be made a part of any contract which it may henceforth enter into with the City of South Bend, Indiana or any of its agencies, boards or commissions.

Contractor agrees not to discriminate against or intimidate any employee or applicant for employment in the performance of this contract with privileges of employment, or any matter directly or indirectly related to employment, because of race, religion, color, sex, gender expression, gender identity, sexual orientation, handicap, national origin or ancestry. Breach of this provision may be regarded as material breach of contract.

I, the undersigned bidder or agent as contractor on a public works project, understand my statutory obligations to the use of steel products or foundry products made in the United States (I.C. 5-16-8-1). I hereby certify that I and all subcontractors employed by me for this project will use steel products or foundry products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

\*\*\*

I hereby affirm under the penalties of perjury that the facts and information contained in the foregoing bid for public works are true and correct.

Dated this 10<sup>th</sup> day of December, 2025

Niergoelski Plumbing Inc.  
Contractor/Bidder (Firm)

Grant Niergoelski  
Signature of Contractor/Bidder or Its Agent

Grant Niergoelski - President  
Printed Name and Title

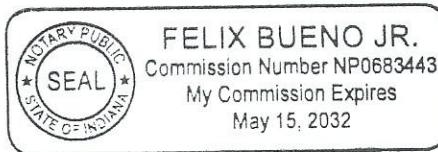
Subscribed and sworn to before me this 10<sup>th</sup> day of December, 2025

My Commission Expires May 15, 2032

Notary Public

County of Residence

St. Joseph



FELIX BUENO JR.  
Commission Number NP0683443  
My Commission Expires  
May 15, 2032



Indiana Professional Licensing Agency  
Indiana Plumbing Commission  
402 W. Washington Street, W072  
Indianapolis, IN 46204

### Plumbing Contractor

License Number	Expire Date
PC88701935	12/31/2027

David L Niezgodska

Mike Braun  
Governor  
State of Indiana

Lindsay M. Hyer  
Executive Director  
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency  
402 W. Washington Street, W072  
Indianapolis, IN 46204

### Plumbing Contractor

License Number	Expire Date
PC88701935	12/31/2027

David L Niezgodska

Signature

*David Niezgodska*

12/8/2025 3:45:34 PM  
License \$125.00  
Check 39735 \$125.00  
kbrickel  
90722

No. 002468-26

REGISTRATION

\$125.00

ST. JOSEPH COUNTY AND CITY OF SOUTH BEND, INDIANA

December 8, 2025

WHEREAS, DAVID L. NIEZGODSKI, dba NIEZGODSKI PLUMBING, INC. having this day paid to the Building Department the sum of One Hundred Twenty Five Dollars and Zero Cents is hereby REGISTERED to operate in the unincorporated areas of ST. JOSEPH COUNTY and the CITY OF SOUTH BEND, as a

Plumbing Contractor

THIS REGISTRATION EXPIRES: December 31, 2026



Randy James \_\_\_\_\_, Building Commissioner

P.O. BOX 3096  
SOUTH BEND, IN 46619

(574)233-9774

THIS REGISTRATION IS NOT TRANSFERABLE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/07/2025 11:36

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kiai, Stephan 2410 Edison Rd, Suite 400 South Bend, IN 46615	CONTACT NAME: PHONE (A/C, No. Ext): (574) 400-4389 E-MAIL ADDRESS: Stephan.Kiai@infarmbureau.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: United Farm Family Mutual Insurance Company	NAIC # 15288
INSURED NIEZGODSKI PLUMBING, INC 232 N MAYFLOWER RD SOUTH BEND, IN 46619-1534	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
						REVISION NUMBER:							
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BOP8236911	08/21/2025	08/21/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$50,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:									\$			
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					CAP8524976	08/21/2025	08/21/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$			
	X UMBRELLA LIAB  EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE												
	DED <input type="checkbox"/> RETENTION \$10,000											EACH OCCURRENCE AGGREGATE	\$ \$2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below												X PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													

## CERTIFICATE HOLDER

South Bend Sewer Department  
731 S. Lafayette Blvd.  
South Bend, IN 46601-3013

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Kiai, Stephan



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/06/2025 18:25

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PRODUCER		CONTACT NAME: PHONE (A/C, No. Ext): (574) 400-4389 E-MAIL: Stephan.Kiai@infarmbureau.com		FAX (A/C, No):
Kiai, Stephan 2410 Edison Rd, Suite 400 South Bend, IN 46615		INSURER(S) AFFORDING COVERAGE INSURER A: United Farm Family Mutual Insurance Company		NAIC # 15288
INSURED		INSURER B:		
NIEZGODSKI PLUMBING, INC 232 N MAYFLOWER RD SOUTH BEND, IN 46619-1534		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES		CERTIFICATE NUMBER:		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.									
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BOP8236911	08/21/2025	08/21/2026	EACH OCCURRENCE	\$1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000							
	MED EXP (Any one person)	\$10,000							
	PERSONAL & ADV INJURY	\$1,000,000							
	GENERAL AGGREGATE	\$2,000,000							
	PRODUCTS - COMP/OP AGG	\$2,000,000							
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:									
A	AUTOMOBILE LIABILITY			CAP8524976	08/21/2025	08/21/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	X UMBRELLA LIAB	<input type="checkbox"/> OCCUR		UMB8609087	08/21/2025	08/21/2026	EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$2,000,000	
	DED	RETENTION \$10,000						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N	WC 8341646	08/21/2025	08/21/2026	X PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT		\$1,000,000						
	E.L. DISEASE - EA EMPLOYEE		\$1,000,000						
	E.L. DISEASE - POLICY LIMIT		\$1,000,000						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION	
South Bend Water Works 125 W. Colfax Ave. South Bend, IN 46601-1601		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE Kiai, Stephan	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/06/2025 17:56

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PRODUCER		CONTACT NAME: PHONE (A/C, No. Ext): (574) 400-4389 E-MAIL ADDRESS: Stephan.Kiai@infarmbureau.com	FAX (A/C, No):
Kiai, Stephan 2410 Edison Rd, Suite 400 South Bend, IN 46615		INSURER(S) AFFORDING COVERAGE INSURER A: United Farm Family Mutual Insurance Company	NAIC # 15288
INSURED		INSURER B:	
NIEZGODSKI PLUMBING, INC 232 N MAYFLOWER RD SOUTH BEND, IN 46619-1534		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

## COVERAGEs

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY				BOP8236911			EACH OCCURRENCE	\$ 1,000,000		
	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000		
								MED EXP (Any one person)	\$ 10,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000		
	X	POLICY	PRO- JECT	<input type="checkbox"/>				GENERAL AGGREGATE	\$ 2,000,000		
								PRODUCTS - COMP/OP AGG	\$ 2,000,000		
A	AUTOMOBILE LIABILITY				CAP8524976				\$		
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per person)	\$		
	X AUTOS ONLY	<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
A	X UMBRELLA LIAB		OCCUR		UMB8609087			PROPERTY DAMAGE (Per accident)	\$		
	EXCESS LIAB			CLAIMS-MADE					\$		
	DED	RETENTION \$ 10,000						EACH OCCURRENCE	\$		
								AGGREGATE	\$ 2,000,000		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC 8341646			X Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	PER STATUTE	OTH- ER	
								E.L. EACH ACCIDENT	\$ 1,000,000		
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an Additional Insured as provided by form 03-151 when required by written contract applies to general liability which includes ongoing operations and products and completed operation and primary & non-contributory

## CERTIFICATE HOLDER

## CANCELLATION

City of South Bend Bureau of Sewers 731 S. Lafayette Blvd South Bend, IN 46601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Kiai, Stephan



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/06/2025 16:45

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## PRODUCER

Kiai, Stephan  
2410 Edison Rd, Suite 400  
South Bend, IN 46615

CONTACT NAME: PHONE (A/C, No. Ext): (574) 400-4389 E-MAIL: Stephan.Kiai@infarmbureau.com ADDRESS:		FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United Farm Family Mutual Insurance Company		15288
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
NIEZGODSKI PLUMBING, INC  
232 N MAYFLOWER RD  
SOUTH BEND, IN 46619-1534

## COVERAGEs

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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						MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CAP8524976	08/21/2025	08/21/2026	BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	X UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	UMB8609087	08/21/2025	08/21/2026	EACH OCCURRENCE	\$	
						AGGREGATE	\$ 2,000,000	
							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A	WC 8341646	08/21/2025	08/21/2026	X PER STATUTE	OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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## CERTIFICATE HOLDER

City of South Bend Board of Public Works  
227 W. Jefferson Blvd  
South Bend, IN 46601

## CANCELLATION

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AUTHORIZED REPRESENTATIVE  
Kiai, Stephan



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08/06/2025 17:56

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South Bend, IN 46615

INSURED  
NIEZGODSKI PLUMBING, INC  
232 N MAYFLOWER RD  
SOUTH BEND, IN 46619-1534

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	X	OCCUR				DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 50,000	
A					BOP8236911	08/21/2025	08/21/2026	MED EXP (Any one person)	\$ 10,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	X	POLICY	<input type="checkbox"/>	PRO- JECT				GENERAL AGGREGATE	\$ 2,000,000	
		OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$	
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	X	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	X	Hired AUTOS ONLY	X	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
A	X	UMBRELLA LIAB		OCCUR					\$	
		EXCESS LIAB		CLAIMS-MADE				EACH OCCURRENCE	\$	
	DED	RETENTION \$ 10,000			UMB8609087	08/21/2025	08/21/2026	AGGREGATE	\$ 2,000,000	
									\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A	WC 8341646	08/21/2025	08/21/2026	X PER STATUTE	OTHE- R	
		ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an Additional Insured as provided by form 03-151 when required by written contract applies to general liability which includes ongoing operations and products and completed operation and primary & non-contributory

CERTIFICATE HOLDER

City of South Bend  
227 W. Jefferson Blvd Ste 1316  
South Bend, IN 46601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Kiai, Stephan



# Western Surety Company

## CONTINUATION CERTIFICATE

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 19th day of November, 2025.

WESTERN SURETY COMPANY

By Larry Kasten  
Larry Kasten, Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

# Western Surety Company

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Larry Kasten of Sioux Falls, State of South Dakota, its regularly elected Vice President, as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One PERFORMANCE CITY OF SOUTH BEND AND SAINT JOSEPH COUNTY  
bond with bond number 66497699  
for NIEZGODSKI PLUMBING, INC  
as Principal in the penalty amount not to exceed: \$25,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

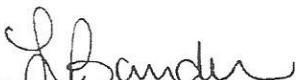
Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

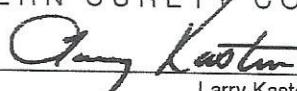
In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 19th day of November, 2025.

ATTEST



L. Bauder, Assistant Secretary

WESTERN SURETY COMPANY

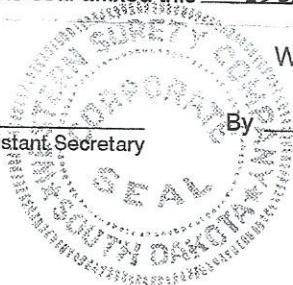


Larry Kasten, Vice President

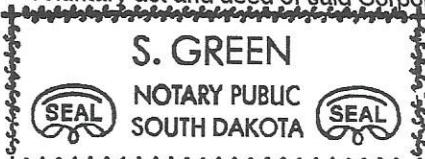
STATE OF SOUTH DAKOTA

COUNTY OF MINNEHAHA

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On this 19th day of November, 2025, before me, a Notary Public, personally appeared Larry Kasten and L. Bauder who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires February 12, 2027

Notary Public

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.

Form F9701





Worker's Compensation and Employer's Liability  
Insurance Policy

Policy No. WC 8341646 03	Transaction RENEWAL BUSINESS
<b>Policy Period</b> From 08/21/2025 to 08/21/2026 at 12:01 a.m. Standard Time at the address of the Insured as stated herein	
Agent: Name and Phone STEPHAN KIAI 574-400-4389	Address 2410 EDISON RD, SUITE 400 SOUTH BEND IN 46615-3518

**1. Named Insured and Address**

NIEZGODSKI PLUMBING, INC  
232 N MAYFLOWER RD  
SOUTH BEND IN 46619-1534

	Carrier # 16454	FEIN # 199105098	Risk ID #	Entity of Insured CORPORATION

Additional Locations: See Attached Schedule

2. The Policy Period is from 08/21/2025 to 08/21/2026 12:01 a.m. Standard Time at the Insured's mailing address
3.
  - A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: Indiana
  - B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	policy limit
Bodily Injury by Disease	\$	1,000,000	each employee
  - C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:  
ALL STATES EXCEPT states designated in item 3.A., North Dakota, Ohio, Washington, Wyoming
  - D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

**SEE EXTENSION OF INFORMATION PAGE**

<b>Minimum Premium \$</b>	462.00	<b>Total Estimated Annual Premium</b>	\$	9,321
		<b>Expense Constant</b>	\$	160
		<b>Premium Discount</b>	\$	0

Premium Audit Period:  Annual;  Semiannual;  Quarterly;  Monthly

Countersigned: MAY 28, 2025

Issued Date: 05/28/2025

Issuing Office: P.O. Box 1250 ; Indianapolis, IN 46206-1250



Authorized Representative