

**RESOLUTION APPROVING SEWER AND WATER BUILDER'S LICENSE FOR BACK FORTY CONTRACTING, LLC.  
SEWA**

WHEREAS, in accordance with the Ashtabula County Sewer and Water regulations, the following Sewer and Water Builder's License has been presented to the Board for approval, to-wit:

Purpose: Constructing all sanitary sewer mains and appurtenances, sanitary laterals, water mains and appurtenances and water services thereto in the Ashtabula County Sewer and Water District.

Bond: \$10,000.00

Bond Term: Retroactive to January 1, 2026 thru December 31, 2026

Contractor: Back Forty Contracting, LLC 2925 Pinney Topper Rd. Jefferson, OH, 44047-8746

NOW, THEREFORE BE IT RESOLVED, by the Board of Commissioners of Ashtabula County, Ohio that the Sewer and Water Builder's License, as noted above, is approved in accordance with the copy now on file in this office.

**ASHTABULA COUNTY COMMISSIONERS  
CERTIFICATION PAGE**

Resolution No. 2026-200

April 21, 2026

**RESOLUTION APPROVING SEWER AND WATER BUILDER'S LICENSE FOR  
BACK FORTY CONTRACTING, LLC. SEWA**

Upon the motion of J.P. Ducro IV, seconded by Kathryn L. Whittington.

**VOTE:**

|                        |     |
|------------------------|-----|
| Casey R. Kozlowski     | Aye |
| Kathryn L. Whittington | Aye |
| J.P. Ducro IV          | Aye |

**CERTIFICATE OF CLERK**

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.

*Crystal Sturgill*

---

Crystal Sturgill, Clerk of the Board  
Board of County Commissioners  
Ashtabula County, Ohio

**2026**

# APPLICATION FOR SEWER AND WATER BUILDER'S LICENSE

Ashtabula County Department of Environmental Services

Date: 3/24/26



The undersigned does hereby apply to the Ashtabula County Board of Commissioners for a SEWER AND WATER BUILDER'S LICENSE for the purpose of constructing all sanitary sewer mains and appurtenances, sanitary laterals, water mains and appurtenances and water services thereto in the Ashtabula County Sewer and Water District in accordance with the regulations and specifications of the Ashtabula County Department of Environmental Services. Failure of the sewer and water builder to answer any of the following questions, comply with any rules and regulations, or the direct orders of the Sanitary Engineer, his duly authorized assistants or inspectors shall be deemed just cause for the non-issuance and/or revocation of the Sewer and Water Builder's License. Falsification of this form, or any negligence under licensure, may result in legal action in accordance with Sections 6117 and 6103 of the Ohio Revised Code.

1. Business Name Back Forty Contracting LLC
2. Owner's Name Justin Anderson
3. Business Address 2925 Pinney Tapper Road  
Jefferson OH 44047
4. Home Address 2925 Pinney Tapper Road  
Jefferson OH 44047

5. Primary Telephone Number (440) 983-0539
6. Email janderson@b25@gmail.com (for correspondence only)
7. Employer Tax Identification Number 41-3659795
8. Number of years licensed by Ashtabula County Sanitary Engineer 0



Names of Applicant's employees normally utilized as pipe layers and level of experience of each. Attach additional sheets if necessary.

| NAME            | YEARS OF EXPERIENCE |
|-----------------|---------------------|
| Justin Anderson | 10                  |
|                 |                     |
|                 |                     |
|                 |                     |
|                 |                     |

As the Applicant, by signing below I acknowledge and, and agree to comply with the specifications and standards listed in the Ashtabula County Sanitary Engineering Code, Connections to Public Sewers, and the Ashtabula County Public Water System Code.

SIGNATURE Justin Anderson

**2026 SEWER AND WATER  
BUILDER'S LICENSE APPLICATION  
FORM VERIFICATION**

Justin Anderson, being first duly sworn, says that they are the officer or person duly authorized to execute the foregoing application, and that the statements made and answers therein, are true to the best of his knowledge.

SIGNATURE OF APPLICANT Justin Anderson  
TITLE Owner  
COMPANY NAME Back Forty Contracting LLC

Sworn to and subscribed in my presence this 24<sup>th</sup> day of March,  
2026, City of Jefferson, County of Ashtabula,  
State of Ohio.



CHAPIN T. LONGDEN  
NOTARY PUBLIC - STATE OF OHIO  
Comm. No. 2020-RE-815704  
My Commission Expires June 10, 2030  
SEAL

[Signature]  
Notary Public  
My Commission Expires: 6-10-30

\_\_\_\_\_  
Commissioner / Date  
  
\_\_\_\_\_  
Commissioner / Date  
  
\_\_\_\_\_  
Commissioner / Date

[Signature] 4/10/26  
Ashtabula County Prosecuting Attorney / Date  
  
\_\_\_\_\_  
Ashtabula County Sanitary Engineer / Date

**2026 SEWER AND WATER  
BUILDER'S LICENSE APPLICATION  
FORM VERIFICATION**

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[Signature]  
Notary Public  
My Commission Expires: 6-10-30

\_\_\_\_\_  
Commissioner / Date  
  
\_\_\_\_\_  
Commissioner / Date  
  
\_\_\_\_\_  
Commissioner / Date

[Signature] 4/10/26  
Ashtabula County Prosecuting Attorney / Date  
  
Anthony Mancari 3/30/2026  
Ashtabula County Sanitary Engineer / Date

**Ashtabula County Dept. of Environmental Services  
2026 Sewer & Water Builder's License AFFIDAVIT**

I/We hereby certify that all outstanding bills for labor and materials for the previous years have been paid in full. I/We further certify that all outstanding Ashtabula County property taxes, personal property taxes, and any other Ashtabula County bills for the previous years have been paid in full. I/We further hereby certify that I/we are not currently involved in any litigation, which affects Ashtabula County, nor have I/we been legally convicted of violations of Ohio Revised Code 6103.29 or 6117.45 *et seq.* It is further agreed that my/our license will not be issued if any of the above items are outstanding relative to any previous company, corporation, partnership, individual, etc., of which I/we were associated with or whom I/we are now associated with. And, it is further agreed that I/we are not, nor is any shareholder, partner, person with ownership interest, employee or worker who has held a license in the past, currently in less than good standing with Ashtabula County and its departments. I/We further agree that a separate Ashtabula County Dept. of Environmental Services sewer or water installation permit shall be required on ALL main lines to be constructed in the public right-of-way and/or an Ashtabula County dedicated easement. I/We also agree that all inspection deposits shall be kept current and shall not fall in arrears. Any of the listed above shall be cause to deny the issuance or revocation of any license. The name and signature listed below attest and agree with said denial and/or immediate revocation of an existing Ashtabula County Dept. of Environmental Services Sewer & Water Builder's License.

Back Forty Contracting LLC  
Company Name (please print)

Justin Anderson  
President Name (please print)

[Signature]  
President's Signature

Sworn to and subscribed before me, a notary public, this 24<sup>th</sup> day of March, 2026 at the City of Jefferson,  
County of Ashtabula, and State of Ohio.



SEAL  
CHAPIN T. LONGDEN  
NOTARY PUBLIC - STATE OF OHIO  
Comm. No. 2020-RE-815704  
My Commission Expires June 10, 2030

[Signature]  
Notary Public  
My Commission Expires: 6-10-30

Ashtabula County  
Dept. of Environmental Services  
Sewer & Water Builder's License  
**BOND**

Bond No. S-998357

KNOWN ALL MEN BY THESE PRESENTS:

That I/We Back Forty Contracting LLC  
as Principal and NGM Insurance Company as Surety, are held and firmly bound unto the County of Ashtabula, State of Ohio, in the sum of Ten Thousand Dollars (\$10,000.00) good and lawful money of the United States, to be paid to the County of Ashtabula, for which payment well and truly made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents, for a term beginning on 3/11/2026 and ending on December 31 of same year.

WHEREAS, said Back Forty Contracting LLC Principal, has this day been granted a sewer and water builder's license by the County Commissioners of Ashtabula in accordance with the provisions of a Resolution Vol. \_\_\_\_\_, Page \_\_\_\_\_, Ashtabula County Commissioners Journal, and under the terms and conditions set forth in the Standard Specification for the Construction of Sewerage Improvements in Ashtabula County, duly adopted by the Commissioners of Ashtabula County, Ohio.

NOW, THEREFORE, the condition of this obligation is such that if the said Back Forty Contracting LLC shall at all times hereafter as sewer and water builder under said license, well and truly perform and discharge the duties imposed upon him/her by said Standard Specifications or any amendment thereto, and shall save said County harmless from all damages that may arise from his negligence, or the negligence of anyone in his employ, including the failure to fully restore property in kind, and shall conform to and abide by THE ASHTABULA COUNTY SANITARY ENGINEERING CODE, THE OHIO SANITARY CODE OF THE STATE OF OHIO DEPARTMENT OF HEALTH AND OF THE PUBLIC HEALTH COUNCIL OF OHIO AND ALL REGULATIONS ISSUED THEREUNDER as provided by REVISED CODE, TITLE 37 and such other requirements as said County may make in relation to plumbing and to the direction of the Sanitary Engineer for said County, then this obligation is to be void otherwise to remain in full force and effect.

Signed, sealed and dated this 11th day of March, year 2026.

Back Forty Contracting LLC

Justin Anderson  
Principal Justin Anderson Owner  
NGM Insurance Company

Darren M Ryan

Surety Darren Ryan

Attorney



Board of Ashtabula County Commissioners  
Ashtabula County, Ohio

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

Approved as to Form:

Shawn Aiken  
Ashtabula County Prosecuting Attorney

Approved:

Shawn Aiken  
Shawn Aiken, P.E.  
Ashtabula County Sanitary Engineer

Ashtabula County  
Dept. of Environmental Services  
Sewer & Water Builder's License

**BOND**

Bond No. S-998357

KNOWN ALL MEN BY THESE PRESENTS:

That I/We Back Forty Contracting LLC  
as Principal and NGM Insurance Company as Surety, are  
held and firmly bound unto the County of Ashtabula, State of Ohio, in the sum of Ten Thousand Dollars (\$10,000.00)  
good and lawful money of the United States, to be paid to the County of Ashtabula, for which payment well and truly  
made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally,  
firmly by these presents, for a term beginning on 3/11/2026 and ending on December 31 of same  
year.

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imposed upon him/her by said Standard Specifications or any amendment thereto, and shall save said County  
harmless from all damages that may arise from his negligence, or the negligence of anyone in his employ, including  
the failure to fully restore property in kind, and shall conform to and abide by THE ASHTABULA COUNTY  
SANITARY ENGINEERING CODE, THE OHIO SANITARY CODE OF THE STATE OF OHIO DEPARTMENT OF  
HEALTH AND OF THE PUBLIC HEALTH COUNCIL OF OHIO AND ALL REGULATIONS ISSUED THEREUNDER  
as provided by REVISED CODE, TITLE 37 and such other requirements as said County may make in relation to  
plumbing and to the direction of the Sanitary Engineer for said County, then this obligation is to be void otherwise to  
remain in full force and effect.

Signed, sealed and dated this 11th day of March, year 2026.

Back Forty Contracting LLC

Justin Anderson  
Principal Justin Anderson Owner  
NGM Insurance Company

Darren M. Ryan  
Surety Darren Ryan Attorney

Board of Ashtabula County Commissioners  
Ashtabula County, Ohio

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

Approved as to Form:

Anthony Mancari  
Ashtabula County Prosecuting Attorney

Approved:

Anthony Mancari 3/30/2026  
Anthony Mancari, P.E.  
Ashtabula County Sanitary Engineer



POWER OF ATTORNEY

S-998357

KNOW ALL PARTIES BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Darren Ryan its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed bond number S-998357 dated March 11, 2026 on behalf of \*\*\*\* Back Forty Contracting LLC \*\*\*\* in favor of Ashtabula County Health Department for Ten Thousand and 00/100 Dollars (\$ 10,000 ),

including any related Consent of Surety or supplemental documents required, and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of NGM Insurance Company; this act of said Attorney is hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance 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.

IN WITNESS THEREOF, NGM Insurance Company has caused these presents to be signed by its Secretary and its corporate seal to be hereto affixed this 18th day of September, 2025.

NGM INSURANCE COMPANY By:

[Signature of Lauren K. Powell]

Lauren K. Powell
Vice President, Corporate Secretary



State of Wisconsin,
County of Dane

On this 18th day of September, 2025, before the subscriber a Notary Public of State of Wisconsin and for the County of Dane duly commissioned and qualified, came Lauren K. Powell of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal at Madison, Wisconsin this 18th day of September, 2025.

[Signature of Mary J. Ripp]
My Commission Expires February 8, 2027



I, Janet S. Embray, President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Madison, Wisconsin this 11th day of March, 2026.

[Signature of Janet S. Embray]
Janet S. Embray, President



WARNING: Any unauthorized reproduction or alteration of this document is prohibited.
TO CONFIRM VALIDITY of the attached bond please call 1-603-354-5281.
TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claim Department or call our Bond Claim Department at 1-603-358-1437.

Main Street America Insurance  
55 West St.  
Keene, N.H. 03431

**\*\*\*\*NOTE this notice is for the principal addressed below and should not be filed with the obligee\*\*\*\***

Fidelity or Surety Bond

Back Forty Contracting LLC  
2925 Penny Topper rd  
Jefferson, OH 44047

### **PRIVACY NOTICE**

Dear Principal:

This letter describes our practices and procedures designed to protect your non-public personal information. The privacy area is the subject of much public debate as well as federal and state legislation. We thought you should know of the protections your surety company has put in place to ensure the confidentiality of your non-public information. As your surety company, our objective is to professionally serve your surety and fidelity needs. We recognize that in providing these services there is an obligation to safeguard the personal information you have entrusted to us as well as other non-public personal information that is provided to us as part of the surety or fidelity transaction. All of our surety companies listed above adhere to these practices and procedures.

### **OUR POLICY**

We do not disclose any non-public personal information about our policyholders or claimants to any third parties except as is permitted by law. Any such disclosures are made for the purpose of underwriting and transacting the business of your surety or fidelity coverage or your claim. We do not sell or provide your non-public personal information to others for their marketing purposes.

### **THE INFORMATION WE COLLECT**

Most of your non-public personal information is provided by you on your application for surety or fidelity bond(s). Depending on the type of surety or fidelity bond policy you request, we may seek additional information about you or other individuals who are being proposed for coverage. In certain circumstances we may collect information about you from third parties. For example, for surety or fidelity bonds we may seek financial reports and information from banks or CPA's as well as other background information. We may receive information about you from a consumer reporting agency. This information allows us to properly underwrite and rate your surety or fidelity bond coverage and to complete the other transactions incidental to your surety or fidelity bond coverage.

### **INFORMATION DISCLOSURES THAT WE MAKE**

We do not disclose any non-public personal information about our policyholders except as it is permitted by law. In some cases this may mean information can be disclosed to third parties without your authorization. These disclosures may include those made to your agent or broker, appraisers and independent adjusters who investigate, defend or settle your claims, surety regulators, and/or your financial institution. These are some of the disclosures that are permitted by law.

### **LIMITATIONS ON ACCESS TO YOUR PERSONAL INFORMATION AT THE COMPANY**

We restrict access to your personal information to our employees who need to know the information in order to provide you with the surety or fidelity products and services you have requested. Electronic and procedural safeguards are maintained by the Company to ensure the confidentiality of your information. These safeguards are in compliance with state and federal laws designed to guard your non-public personal information. Our employees are educated on the importance of maintaining the procedures we have put in place to safeguard your personal information.

**ADDITIONAL INFORMATION**

If you would like to receive a copy of our privacy policy and/or access to your information, please contact us as follows:

Main Street America Insurance  
Attn: Privacy Compliance Coordinator  
55 West Street  
Keene, NH 03431

\*\*\*\*\*

**IMPORTANT NOTICE**

**IN COMPLIANCE WITH THE REQUIREMENTS OF THE FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508), MAIN STREET AMERICA INSURANCE ADVISES THAT AS PART OF OUR ROUTINE PROCEDURE IN REVIEWING APPLICATIONS FOR SURETY OR FIDELITY BONDS OR RENEWALS OF SURETY OR FIDELITY BONDS COVERAGE, WE MAY PROCURE A CONSUMER REPORT INCLUDING INFORMATION AS TO THE CONSUMER'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. IF SUCH SURETY OR FIDELITY BOND IS FOR AN INDIVIDUAL AND IS PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES, SUCH INFORMATION MAY BE OBTAINED THROUGH PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS OR OTHERS WITH WHOM THE CONSUMER IS ACQUAINTED.**

**UPON REQUEST TO THIS SURETY COMPANY, IN ANY MANNER AS NOTED ABOVE, WE WILL PROVIDE, IN WRITING, A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE CONSUMER REPORT REQUESTED OR ADVISE THAT NO INVESTIGATION WAS CONDUCTED.**

We sincerely hope that you as a valued customer are satisfied with the practices and procedures in place to protect your personal information.

Very truly yours,



Lauren K Powell,  
Secretary



BACKFOR-01

BSTENCJL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/12/2026

**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).**

|   |   |                 |
|---|---|-----------------|
| <b>PRODUCER</b><br>B&A Insurance Solutions<br>2800 South Taylor Drive<br>Sheboygan, WI 53081          | <b>CONTACT INFO:</b><br>PHONE (AC, No, Ext): (833) 276-8046      FAX (AC, No): (920) 208-8426<br>E-MAIL: service@acuity.com |                 |
|   | <b>INSURERS AFFORDING COVERAGE</b>  |                 |
| <b>INSURED</b><br><br>Back Forty Contracting LLC<br>2926 Pinney Topper Rd<br>Jefferson, OH 44047-8746 | <b>INSURER A:</b> Acuity, A Mutual Insurance Company  | NAIC #<br>14184 |
|   | <b>INSURER B:</b> Progressive   | 37834           |
|   | <b>INSURER C:</b>   |                 |
|   | <b>INSURER D:</b>   |                 |
|   | <b>INSURER E:</b>   |                 |
|   | <b>INSURER F:</b>   |                 |

**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   | ADSL | SUBR | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS  |
|----------|---|------|------|---------------|-------------------------------|-------------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> CRO-JECT <input type="checkbox"/> LOC<br>OTHER: | N    | N    | FD7300        | 3/12/2026                     | 3/12/2027                     | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPOP AGG \$ 2,000,000  |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   | N    | N    | 870990780     | 03/11/2026                    | 03/11/2027                    | COMBINED SINGLE LIMIT (Per accident) \$ 500,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$<br>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY    Y/N    N/A<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in OH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |
|          |   |      |      |               |                               |                               | EACH OCCURRENCE \$<br>AGGREGATE \$<br>PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

For Reasons other than non-payment, 30 days notice will be provided to the certificate holder in the event that the issuing company cancels the policy before the expiration date of the policy. Underground included

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>Ashtabula County Environmental Services<br>PO BOX 520<br>Jefferson, OH 44047 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>BStencjal</i> |
|---|--|



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## Payment Receipt

Your payment has been accepted

---

|                       |                            |
|-----------------------|----------------------------|
| <b>Confirmation #</b> | 4837244680                 |
| <b>Account #</b>      | S 998357                   |
| <b>Status</b>         | ACCEPTED                   |
| <b>Payment Date</b>   | Mar 11, 2026 – 11:46:06 AM |
| <b>Payment Method</b> | Checking Account *****1776 |
| <b>Payment Amount</b> | \$100.00                   |

*Thank you for choosing NGM Insurance Company for your Surety needs*

**Darren M Ryan Agency Inc**  
**1484 St Rt 46 N Ste 3**  
**Jefferson, OH 44047**

**Agency Code:** 34-0090  
**Bond Number:** S-998357-N  
**Bond Effective Date:** 3/11/2026  
**Bond Expiration Date:** 12/31/2026  
**Type of Renewal:** New Bond

|  |   |
|--|---|
| <b>Principal:</b><br>Back Forty Contracting LLC<br>2925 Penny Topper rd<br>Jefferson, OH 44047 | <b>Obligee:</b><br>Ashtabula County Health Department<br>12 W Jefferson St<br>Jefferson, OH 44047 |
|--|---|

| Type of Bond         | Classification                                    | Penalty Amt | Premium Amt  | Comm Rate |
|----------------------|---|-------------|--------------|-----------|
| License/Permit       | Ashtabula - County Sewer & Water Builder<br>\$10K | \$10,000    | \$100        | 0.500     |
| <b>TOTAL PREMIUM</b> |   |             | <b>\$100</b> |           |

**Remarks:**



Department Of the Treasury  
Internal Revenue Service  
Philadelphia, PA 19255-0023  
Important Information - Please Read

**IRS Notice CP575B**

BACK FORTY CONTRACTING LLC  
JUSTIN ANDERSON MBR  
% JUSTIN ANDERSON MBR  
2925 PINNEY TOPPER ROAD  
JEFFERSON, OH 44047

January 16, 2026

## We assigned you an employer identification number (EIN)

Your EIN is **41-3659795**. The name control associated with this EIN is **BACK**.

### What you need to do

- If you did not apply for this EIN, visit [IRS.gov/EINNotRequested](https://www.irs.gov/EINNotRequested).
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- You must file the following forms by the dates shown.

| Form | Due Date   |
|------|------------|
| 1065 | 03/15/2027 |

### What you need to know

If you need to pay certain types of taxes, like employment or corporate income taxes, we'll send you a package with instructions. The package will tell you how to pay your taxes online using the Electronic Federal Tax Payment System (EFTPS). We'll also send you a personal identification number (PIN) separately. Be sure to activate your PIN when you receive it, so you can start using the EFTPS. To learn more about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes.

If a Limited Liability Company (LLC) elects to be classified as an association taxable as a corporation, the LLC must file Form 8832, Entity Classification Election. If an LLC wants to elect S corporation status and meets certain criteria, the LLC must timely file Form 2553, Election by a Small Business Corporation. In that instance, we'll treat the LLC as a corporation as of the effective date of the S corporation election and the LLC doesn't need to file Form 8832. Visit [IRS.gov/LLC](https://www.irs.gov/LLC) and refer to Publication 3402, Taxation of Limited Liability Companies, for more information.

### Additional Information

- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting [IRS.gov/Forms](https://www.irs.gov/Forms) or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

|   |                           |   |  |
|---|---------------------------|---|--|
| <b>AGENCY</b><br>DARREN RYAN                              |                           | <b>NAMED INSURED</b><br>Justin L Anderson DBA: Back Forty Contracting<br>2925 Pinney Topper Rd<br>Jefferson, OH 44047 |  |
| <b>POLICY NUMBER</b><br>870990780                         |                           | <b>EFFECTIVE DATE:</b> 03/11/2026   |  |
| <b>CARRIER</b><br>Progressive Preferred Insurance Company | <b>NAIC CODE</b><br>37834 |   |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

**Additional Coverages**

| <b>Insurance coverage(s)</b>    | <b>Limits</b>                   |
|---------------------------------|---------------------------------|
| Uninsured/Underinsured Motorist | \$500,000 Combined Single Limit |

**Description of Location/Vehicles/Special Items**

| <b>Scheduled autos only</b>        |                      |
|------------------------------------|----------------------|
| 2011 FORD F250 1FT7W2BT2BEC39202   |                      |
| Uninsured Motorist Property Damage | \$25,000 w/\$250 Ded |
| Roadside Assistance                | Selected w/\$0 Ded   |
| Medical Payments                   | \$5,000 each person  |

RECEIPT DATE 03/24/26 No. 645656

RECEIVED FROM Back Forty Contracting \$ 100.00

FOR RENT  FOR 2026 Water & Sewer License DOLLARS

|          |            |
|----------|------------|
| ACCOUNT  |            |
| PAYMENT  | <u>101</u> |
| BAL. DUE |            |

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM \_\_\_\_\_ TO \_\_\_\_\_

BY S. Butler

3-11

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING.

Justin L Anderson  
2925 Pinney Topper Rd  
Jefferson, OH 44047

56-7378/2412 **0101**

DATE 3/24/2026

PAY TO Ashtabula County Dept. of Environmental Services \$ 100.00  
THE ORDER OF One hundred Dollars

**Lakeview** Federal CREDIT UNION  
PO BOX 2609 ASHTABULA, OH  
www.LakeviewFCU.com

MEMO Payment

Justin Anderson

⑆241273780⑆ 261768⑆ 0101