

Master Plumber Code Compliance Bond

(To be completed by your surety company.)

BOND NO. 40018513

Sam's Plumbing of
Company Name or, if none, the Principal's name.

6159 115th Ave North Clear Lake MN 55319 (320) 743-2703
Plumbing Company Address City State Zip Telephone No.

as principal, and Underwriters Insurance Company
Surety Company Name

P.O. Box 5900 Madison WI 53705 (608) 231-4450
Surety Company Address City State Zip Telephone No.

a corporation licensed to do business in the State of Minnesota, as Surety, are jointly and severally held and firmly bound to the State of Minnesota, as Obligee, in the sum of **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents.

WHEREAS a master plumber's license has been issued by the Obligee to the responsible master plumber of the company named above; and WHEREAS Minnesota Statutes, section 326.40, subdivision 2, requires a bond for all plumbing work entered into with the state.

NOW, THEREFORE, the condition of this obligation is such that, if undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing codes as required pursuant to Minnesota Rules, Chapter 4715, then this obligation shall be null and void; otherwise, it shall remain in full force and effect for a period not to exceed one year ending December 31st. The period of this bond is December 31, 2002 through December 31, 2003. During the term of this obligation, the Principal and Surety will pay unto the Obligee, or as otherwise directed by the Obligee, the amount needed to correct noncomplying plumbing work, not to exceed **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure to comply with the requirements of the plumbing code, Minnesota Rules, Chapter 4715.

FURTHERMORE, it is understood and agreed that:

1. The aggregate liability of the Surety hereunder pertains to all claims arising during the period defined above.
2. In the event the bond does not provide for correction of all noncomplying plumbing work, the bond paid by the undersigned Surety does not relieve the undersigned Principal of liability for correcting noncomplying plumbing work by said Principal or persons working under said Principal's supervision.
3. This bond is a continuous obligation which may be canceled at any time as to further liability upon the Surety's giving at least fifteen (15) days written notice to the Commissioner of Health. In the event of cancellation, the Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the fifteen (15) day notice period.

Signed and sealed this 14 day of November, 2002. Surety Corporation, Underwriters Insurance Company

By Michael D. Williams
Attorney in Fact

Mike Bujarski 005531PM
Print - Master Plumber's Name License No.

Sam's Plumbing
Print - Principal Name

Principal's Signature Mike Bujarski

- The reverse side of this form must also be completed and the Power Of Attorney attached.
- The bond form must be accompanied by a \$40 fee, payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2).



Minnesota Department of Health
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975
651/215-0836
MN Relay Service (Greater MN)
1/800/627-3529
MN Relay Service (Metro) 651/291-5353



Office Use Only: Fee \$40 / PCK / 2496
Deposit Date: DEC 12 2002
Deposit No.: 104

0303226

You must complete A or B and C

A. Acknowledgement of Individual or Partnership Contractor

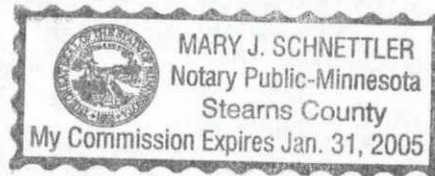
State of Minnesota }
County of Stearns } ss.

On this 19th day of November, 2002, personally came Michael Bujarski
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they
acknowledged the same to be his/her/their own free act and deed.

Mary J. Schnettler 11/19/02
Notary Public Date

My commission expires 1/31/05
Date

(SEAL)



B. Acknowledgement of Corporate Contractor

State of Minnesota }
County of _____ } ss.

On this _____ day of _____, _____, personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____ corporation; and that
said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she acknowledged said
instrument to be the free act and deed of the corporation.

_____/_____/_____
Notary Public Date

My commission expires ____/____/_____
Date

(SEAL)

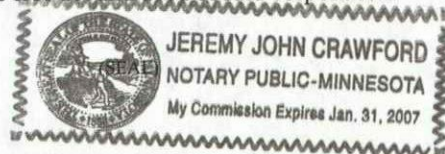
C. Acknowledgement of Corporate Surety

State of Minnesota }
County of Hennepin } ss.

On this 14 day of November, _____, personally came Michael D. Williams
and _____ to me personally known, who being by me duly sworn, did say that he/she is
the attorney in fact, of Underwriters Insurance Company, the corporation whose name is affixed to the foregoing
instrument; that the seal affixed to the foregoing instrument is the corporate seal of the said corporation; and that said
instrument was executed in behalf of said corporation by authority of its board of directors and said Michael D. Williams
acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

[Signature] 11/14/02
Notary Public Date

My commission expires 1/31/07
Date



Notice to Individual Applicants: Under Minnesota Statutes 13.41, all data, except your name and address, submitted in this application are considered private until you are issued a credential. When you become credentialed, all data in this application become public, except your social security number.

Notice to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except for the social security number of any responsible person, which is private.

