

UNLICENSED PLUMBING CONTRACTOR BOND
(Applies to all persons other than licensed master plumbers.)
TO BE COMPLETED BY YOUR SURETY COMPANY

BOND NO. 760113

Erin Contracting, Inc. of _____
Company Name, if none, the plumbing contractor's name.
3200 Main St. NW #300 Coon Rapids MN 55448
Plumbing Company Address City State Zip
as principal, and Capitol Indemnity Corporation (608) 231-4450
Surety Company Name Telephone No.
4610 University Avenue Madison WI 53705
Surety Company Address City State Zip

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 Oblige, 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.

NOW, THEREFORE, the condition of this obligation is such that, if the undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing code 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 March 1, 2000 through December 31, 2000. During the term of this obligation, the Principal and Surety will pay unto the Oblige, or as otherwise directed by the Oblige, 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 1st day of March, 2000.

Erin Contracting, Inc.
PRINT - Plumbing Contractor Name

SURETY CORP. Capitol Indemnity Corporation

Signature

PRINCIPAL

By

Attorney in Fact Bonnie Kruse

THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED AND THE POWER OF ATTORNEY ATTACHED.

0001430

MAR 2000
FILED
(MN) SECRETARY
OF STATE
Angie H. Hoyer

147

MAR 21 2000

40.00 CCK 11479

UNLICENSED PLUMBING CONTRACTOR BOND - CHECKLIST

If the bond form is not completed accurately and completely, it will not be accepted and will be returned to you.

- A \$40 filing fee must be submitted with the bond, payable to the Minnesota Department of Health.
- The bond must run from January 1 to December 31 of the year in which the bond will be in effect.
- BOND FORM - Both sides of the form must be completed.

___ The bond number must be entered.

___ The plumbing contractor's company name and address must be entered. If the plumbing contractor does not have a company name, enter the plumbing contractor's name. If the name is left blank, the name will be filled in when the bond form is processed by this office.

___ The surety company name and address must be entered.

___ The correct expiration date must be entered, December 31, ___ (year in which the bond will be in effect).

___ The plumbing contractor must sign the bond form.

___ The Acknowledgement of Individual or Partnership Contractor or Acknowledgement of Corporate Contractor must be completed and notarized. You must complete A or B and C.

- MISC.

___ The Power of Attorney, supplied by your surety company, must be submitted with the bond.

RETURN: Bond form, certificate of insurance, power of attorney, and \$40 filing fee to:

Minnesota Department of Health
Plumbing Program
121 East Seventh Place, Suite 220
P.O. Box 64975
St. Paul, MN 55164-0975

Phone No. 651/215-0836

8/99

YOU MUST COMPLETE A or B and C

A.
ACKNOWLEDGEMENT OF INDIVIDUAL OR PARTNERSHIP CONTRACTOR

STATE OF MINNESOTA }
County of _____ } ss.

On this _____ day of _____, _____, personally came _____
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.

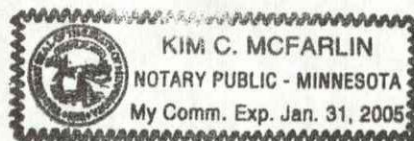
Notary Public _____ Date _____ / _____ / _____

(SEAL)

My commission expires _____ / _____ / _____
Date

B.
ACKNOWLEDGEMENT OF CORPORATE CONTRACTOR

STATE OF MINNESOTA }
County of Anoka } ss.



On this 13th day of March, 2000, personally came James M. Stanton who
being by me duly sworn, did say that he/she is President of _____
Firm Contracting, Inc., a Minnesota 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.

Kim C. McFarlin 3/13/00
Notary Public Date

(SEAL)

My commission expires 1/31/05
Date

C.
ACKNOWLEDGEMENT OF CORPORATE SURETY

STATE OF ~~MINNESOTA~~ ILLINOIS }
County of COOK } ss.

On this 1st day of March, 2000 personally came _____, and _____
Bonnie Kruse to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact, of Capitol Indemnity Corporation, 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 Attorney-In-Fact acknowledged that he/she executed said
instrument as attorney in fact as the free act and deed of said corporation.

Peggy A. Faust 03/01/00
Notary Public Date

My commission expires 03/24/01
Date





Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900
PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900
PHONE (608) 231-4450 • FAX (608) 231-2029

POWER OF ATTORNEY

No: **538480**

Know all men by these Presents, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

-----JAMES SCHEER, MICHAEL J. SCHEER, RICHARD M. SCHEER, ALICE RHOADS-----
-----JAMES I. MOORE, BONNIE KRUSE, STEPHEN T. KAZMER OR DAWN L. MORGAN-----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----- NOT TO EXCEED \$3,000,000.00 -----

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 **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 5th day of May 1960:

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power 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 or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Secretary, this 1st day of June, 1999.

CAPITOL INDEMNITY CORPORATION

Attest:

Virgiline M. Schulte
Virgiline M. Schulte, Secretary



George A. Fait
George A. Fait, President

STATE OF WISCONSIN }
COUNTY OF DANE }

On the 1st day of June, A.D., 1999, before me personally came George A Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN }
COUNTY OF DANE }



Jane F. Endres
Jane F. Endres
Notary Public, Dane Co., WI
My Commission Expires March 23, 2003

CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison. Dated the 1st day of March, 2000



Paul J. Bretnauer
Paul J. Bretnauer, Treasurer

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.