

Master Plumber Code Compliance Bond

(To be completed by your surety company.)

BOND NO. 354-014-843

HENGEL BROTHERS, INC.

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

of

2302 SOUTH AVE., PO BOX 428 LA CROSSE WI 54601 (608) 788-8080
Plumbing Company Address City State Zip Telephone No.
as principal, and EMPLOYERS INSURANCE OF WAUSAU A MUTUAL COMPANY
Surety Company Name

2000 WESTWOOD DRIVE, PO BOX 8017 WAUSAU WI 54401 (715) 845-5211
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 JANUARY 1, 2002 through December 31, 2002. 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 26TH day of OCTOBER, 2001. Surety Corporation EMPLOYERS INSURANCE OF WAUSAU

A MUTUAL COMPANY

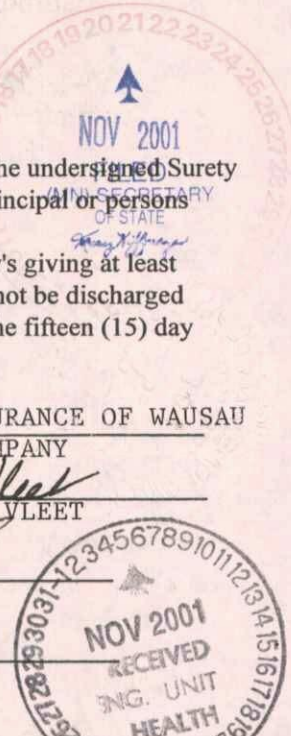
By Ruth A. Van Vleet
Attorney in Fact RUTH A. VAN VLEET

James E. Hengel PM004868
Print - Master Plumber's Name License No.

HENGEL BROTHERS, INC.
Print - Principal Name

James E. Hengel
Master Plumber's Signature

James E. Hengel
Principal's Signature



- * **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) 297-5353

Office Use Only: Fee 40.00 CCC/37022
Deposit Date: NOV 06 2001
Deposit No.: 065

0104170

*** You must complete A or B and C**

A. Acknowledgement of Individual or Partnership Contractor

State of ~~Minnesota~~ Wisconsin }
County of La Crosse } ss.

On this 14 day of November, 2001, personally came James E. Hengel
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.

Sandra Q. Thomas 11/14/01
Notary Public Date

(SEAL)

My commission expires 8/24/03
Date

OR

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

(SEAL)

My commission expires ____ / ____ / ____
Date

C. Acknowledgement of Corporate Surety

WISCONSIN
State of ~~Minnesota~~ }
County of LA CROSSE } ss.

On this 26TH day of OCTOBER, 2001, personally came RUTH A. VAN VLEET
and _____ to me personally known, who being by me duly sworn, did say that he/she
is the attorney in fact, of EMPLOYERS INSURANCE OF WAUSAU
A MUTUAL 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 RUTH A. VAN VLEET
acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

Nola J. Anderson 10 / 26 / 2001
Notary Public Date

(SEAL)

My commission expires 04 / 21 / 2002
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.

EMPLOYERS INSURANCE OF WAUSAU A Mutual Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the EMPLOYERS INSURANCE OF WAUSAU A Mutual Company, a corporation duly organized and existing under the laws of the State of Wisconsin, and having its principal office in the City of Wausau, County of Marathon, State of Wisconsin, has made, constituted and appointed, and does by these presents make, constitute and appoint _____

RUTH A. VAN VLEET

its true and lawful attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, seal, acknowledge and deliver ANY OR ALL BONDS, UNDERTAKINGS, RECOGNIZANCES OR OTHER WRITTEN OBLIGATIONS IN THE NATURE THEREOF NOT TO EXCEED THE PENAL SUM OF FIVE MILLION DOLLARS (\$5,000,000).

and to bind the corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the corporation and duly attested by its secretary hereby ratifying and confirming all that the said attorney-in-fact may do in the premises.

This power of attorney is granted pursuant to the following resolution adopted by the Board of Directors of said Company at a meeting duly called and held on the 18th day of May, 1973, which resolution is still in effect:

"RESOLVED, that the President and any Vice President — elective or appointive — of EMPLOYERS INSURANCE OF WAUSAU A Mutual Company be, and that each of them hereby is, authorized to execute powers of attorney qualifying the attorney named in the given power of attorney to execute on behalf of EMPLOYERS INSURANCE OF WAUSAU A Mutual Company bonds, undertakings and all contracts of suretyship; and that any secretary or assistant secretary be, and that each or any of them hereby is, authorized to attest the execution of any such power of attorney, and to attach thereto the seal of EMPLOYERS INSURANCE OF WAUSAU A Mutual Company."

"FURTHER RESOLVED, that the signatures of such officers and the seal of EMPLOYERS INSURANCE OF WAUSAU A Mutual 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 and facsimile seal shall be valid and binding upon the EMPLOYERS INSURANCE OF WAUSAU A Mutual Company when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached."

IN WITNESS WHEREOF, EMPLOYERS INSURANCE OF WAUSAU A Mutual Company has caused these presents to be signed by the vice president and attested by its assistant secretary, and its corporate seal to be hereto affixed this 1ST day of NOVEMBER, 1999.



EMPLOYERS INSURANCE OF WAUSAU A Mutual Company

By Timothy C. Mulloy

Vice President

Attest:

R. J. Besteman Assistant Secretary

STATE OF WISCONSIN)
) ss.
COUNTY OF MARATHON)

On this 1ST day of NOVEMBER, 1999, before me personally came Timothy C. Mulloy

to me known, who being by me duly sworn, did depose and say that he is a vice president of the EMPLOYERS INSURANCE OF WAUSAU A Mutual Company, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal and 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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year herein first above written.

Judith Rheinschmidt
NOTARY PUBLIC
STATE OF WISCONSIN

Notary Public

MY COMMISSION EXPIRES JUNE 30, 2002



STATE OF WISCONSIN)
CITY OF WAUSAU) ss.
COUNTY OF MARATHON)

CERTIFICATE

I, the undersigned, assistant secretary of EMPLOYERS INSURANCE OF WAUSAU A Mutual Company, a Wisconsin corporation, do hereby certify that the foregoing and attached power of attorney, WHICH MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN THEREOF IN RED INK, 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 still in force.

Signed and sealed in the City of Wausau, Marathon County, State of Wisconsin, this 26TH day of OCTOBER, 2001.



R. J. Besteman

Assistant Secretary

NOTE: IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OR WORDING OF THIS POWER OF ATTORNEY, CALL TOLL FREE (800) 826-1661. (IN WISCONSIN, CALL (800) 472-0041).

WARNING THIS IS AN INVALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK.