

MASTER PLUMBER CONTINUATION BOND
TO BE COMPLETED BY YOUR SURETY COMPANY



The attached Certificate of Insurance and \$40 filing fee must be submitted with this bond. An ACORD form or any other certificate of insurance will not be accepted.

Master Plumber Name Nils Nygard Bond No. 55-115146
Type or Print (do not enter the plumbing company name)

Address 7435 Highway 65 NE, Minneapolis MN 55432-3524
Street City State Zip

Phone (763) 784-1880

Plumbing Company Name NILS NYGARDS DBA NYGARD PLUMBING
Type or Print. Must be the same as filed the previous year.
Must be the same on the certificate of insurance.

Address 7435 HIGHWAY 65 NE, MINNEAPOLIS, MN 55432 *Same*
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.

Phone () *same*

Date Original Bond Issued DECEMBER/ 31/ 1987 in the amount of \$25,000 as required by statutes.

Surety Company Name UNITED FIRE & CASUALTY COMPANY
Type or Print

Address 118 Second Avenue SE Cedar Rapids Iowa 52401
Street City State Zip

Phone (319) 399-5790

The bond described above, and to which this certificate is attached, is hereby continued in force from the date of last renewal for an extended term ending December 31st, 2002.

Dated this 2ND day of OCTOBER, 2001.

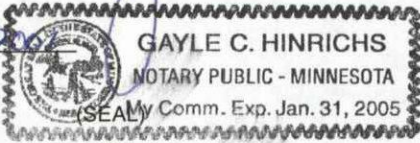
Master Plumber's Signature *Nils Nygard*



Surety Company Name UNITED FIRE & CASUALTY COMPANY
Authorized Signature of Surety (Attorney-in-Fact) *[Signature]*

State of Minnesota)
COUNTY OF ANOKA)
Subscribed and sworn before me

Notary Public Gayle C. Hinrichs Date November 10, 2001
My commission expires 1-31-05



RETURN: Bond form, certificate of insurance and \$40.00 filing fee (payable to Minnesota Department of Health) to: Minnesota Department of Health, Plumbing Program, 121 East Seventh Place, Suite 220, P.O. Box 64975, St. Paul, MN 55164-0975. Phone: (651) 215-0836.

OFFICE USE ONLY	Fee _____	Dep. No. <u>071</u>	Dep. Date <u>NOV 15 2001</u>
WC _____	PHCC _____	Lic. No. <u>PM000115</u>	Renew ____/____/____

0104174

CERTIFICATE OF INSURANCE COVERING PUBLIC LIABILITY AND PROPERTY DAMAGE

**THIS COMPLETED CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THE BOND FORM.
An ACORD from or any other certificate of insurance will not be accepted.**

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

I hereby certify that Nygaard Plumbing
Plumbing Company Name, if the master plumber does not have a plumbing company name, enter the master plumber's name. The name must be the same as the name on the bond form.

7435 Highway 65 NE, Minneapolis MN 55432-3524
City State Zip
 Plumbing Company Address
The address must be the same as the address on the bond form.

is insured by United Fire & Casualty Co
Name and address of Insurance Company

who is licensed to do business in the State of Minnesota, providing public liability insurance (including products liability insurance) with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000 under the provisions of Policy No. 312453801
Pending or Binder Will Not Be Accepted

and any renewal number thereof, to be in force for one year from and concurrent with the term of the license.

United Fire & Casualty hereby understands that this policy will be kept in full force and effect
Name of Insurance Company
 and will not be cancelled, terminated or allowed to expire without the aforesaid party giving 15 days written notice to the Plumbing Unit of such cancellation termination or expiration.

I further certify that I am a MN Resident Agent of the above
PRINT - Corporate Officer, Minnesota Resident Agent or other Authorized Representative
 insurance company and that I am authorized to bind and hereby do bind it to insure as stated above.

Dennis Edling
Insurance Agent's Signature

Dennis Edling
PRINT - Agent's Name

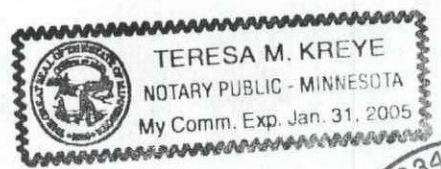
MN Resident Agent
Agent's Title

278764 Resident Agent
 Nonresident Agent
Agent's License Number
American Agency Inc
Name of Insurance Agency
PO Box 16527
Insurance Agency Address
Minneapolis MN 55416-0527
City State Zip
(952) 545-1230
Phone

STATE OF Minnesota)
 COUNTY OF Carver) ss.

Subscribed and sworn before me
Teresa M. Kreye 11 / 05 / 01
Notary Public Date

My commission expires 1 / 31 / 05
Date





UNITED FIRE & CASUALTY COMPANY

HOME OFFICE - CEDAR RAPIDS, IOWA

CERTIFIED COPY OF POWER OF ATTORNEY

(Original on file at Home Office of Company - See Certification)

KNOW ALL MEN BY THESE PRESENTS, That the UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa, and having its principal office in Cedar Rapids, State of Iowa, does make, constitute and appoint SCOTT MCINTYRE, JR., OR R.G. HECKROTH, OR J.A. CHAPIN, OR DAVID A.

LANGE, OR RUSSELL L. WEBB, OR DAVID G. DENNIS, OR JUDITH A. DAVIS, OR CONNIE J. SNYDER, OR DAVID S. DOWNEY, OR DENNIS J. RICHMANN, OR TODD A. KRAMER, OR AARON GREEN, OR TERRY L. STANFORD, OR MICHAEL D. MAY, ALL INDIVIDUALLY

of PO BOX 73909 CEDAR RAPIDS IA 52407

its true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature as follows: ANY AND ALL BONDS

and to bind UNITED FIRE & CASUALTY COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of UNITED FIRE & CASUALTY COMPANY and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

The Authority hereby granted shall expire JANUARY 30th 2003 unless sooner revoked.

This power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the Board of Directors of the Company on April 18, 1973.

"Article V - Surety Bonds and Undertakings."

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Company, may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Company in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being 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. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Company by their signature and execution of any such instruments and to attach the seal of the Company thereto. The President or any Vice President, the Board of Directors or any other officer of the Company may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the UNITED FIRE & CASUALTY COMPANY has caused these presents to be signed by its assistant vice president and its corporate seal to be hereto affixed this 30th day of JANUARY A.D. 2001

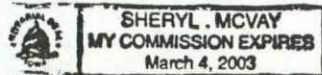


UNITED FIRE & CASUALTY COMPANY

By *Robert J. De Camp*
Assistant Vice President

State of Iowa, County of Linn, ss:

On this 30th day of JANUARY 2001, before me personally came ROBERT J. DE CAMP to me known, who being by me duly sworn, did depose and say: that he resides in Cedar Rapids, State of Iowa; that he is an Assistant Vice President of the UNITED FIRE & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporated seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.



Sheryl A McVay
Notary Public

My commission expires MARCH 4, 2003

CERTIFICATION

I, the undersigned officer of the UNITED FIRE & CASUALTY COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Company this 2ND day of OCTOBER 20 01



Shona Reese
Secretary