

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 JAMES M ALBERTS ✓ Bond No. 55-133955 ✓
Type or Print (do not enter the plumbing company name)

Address 2615 Tower Dr. Woodbury MN 55125
Street City State Zip

Phone (651) 738-1130

Plumbing Company Name JAMES M ALBERTS DBA A-J PLUMBING ✓
Type or Print. Must be the same as filed the previous year.
Must be the same on the certificate of insurance.

Address 2615 TOWER DR., WOODBURY, MN 55125 ✓
Street (Must be the same as filed the previous year.) City State Zip
Must be the same on the certificate of insurance.

Phone (651) 738-0580

Date Original Bond Issued MAY/ 14/ 1990 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978). ✓

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, 1999 ✓

Dated this 15 day of OCTOBER, 1998.

[Signature] ✓
Master Plumber Signature

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

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 <u>\$40 CCK 4824</u>	Dep. No. <u>114</u>	Dep. Date <u>JAN 26 1999</u>
WC <u>✓</u> PHCC <u> </u>	Lic. No. <u>PM00 4215</u>	Renew <u>1-5-99</u>	

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