

# Unlicensed Plumbing Contractor Continuation Bond

(To be completed by your surety company.)

The \$40 filing fee must be submitted with this bond form, payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2).

Plumbing Contractor's Name Patrick J. Minger Bond No. 3 98 26 02  
Type or Print (do not enter the plumbing company name)

Address P.O. Box 236, Chanhassen, MN 55317 (952) 470-1753  
Street City State Zip Phone No.

Company Name Minger Construction, Inc.  
Type or Print. Must be the same as filed the previous year.

Address P. O. Box 236 Chanhassen MN 55317 (612) 470-1753  
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 03 / 15 / 00 in the amount of \$25,000 as required by statute.

Surety Company Name Great American Insurance Company  
Type or Print

Address P. O. Box 299 Minneapolis MN 55440 (651) 488-6666  
Street City State Zip Phone No.

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 31, 2001**.

Dated this 16th day of Novmeber, 2000.

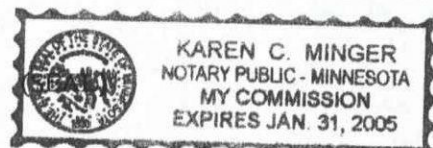
By Patrick J. Minger  
 Plumbing Contractor's Signature

State of Minnesota \_\_\_\_\_ )  
 County of Carver )  
 Subscribed and sworn before me

Karen C. Minger 11 / 16 / 00  
 Notary Public Date  
 My commission expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



GREAT AMERICAN INSURANCE COMPANY  
 Surety Company Name  
 By Christine M. Hansen  
 Authorized Signature of Surety  
 Christine M. Hansen, Attorney-in-fact



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.

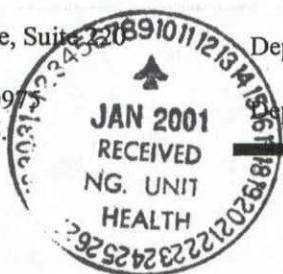
Notice to Corporate Applicants: Under Minnesota Statutes 13.41, all data submitted in this application are public, except for the social security number of any responsible person, which is private.

If you require this document in another format, such as large print, Braille, or cassette tape, call (651)215-0700, TDD (651)215-0707 or for Greater Minnesota through the Minnesota Relay Service at (800)627-3529 and ask for (651)215-0700.

RETURN: Bond form and \$40 filing fee to:



Minnesota Department of Health  
 Plumbing Program  
 121 East Seventh Place, Suite 210  
 P.O. Box 64975  
 St. Paul, MN 55164-0975  
 Phone: (651)215-0836



Office Use Only: Fee: 40.00/clk/20176  
 Deposit Date: JAN 10 2001  
 Deposit No.: 114

0100499

# GREAT AMERICAN INSURANCE COMPANY®

580 WALNUT STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than

No. 0 15256

## POWER OF ATTORNEY

SEVEN

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute in behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
D.R. DOUGHERTY	R. J. LARSEN	UNLIMITED
JACK CEDARLEAF II	E. LANGE	UNLIMITED
KURT C. LUNDBLAD	C. A. HOUSH	UNLIMITED
CHRISTINE M. HANSEN	ALL OF ST. PAUL, MINNESOTA	2,000,000

This Power of Attorney revokes all previous powers issued in behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 19th day of January, 1998

Attest

GREAT AMERICAN INSURANCE COMPANY



*[Signature]*  
Assistant Secretary

*[Signature]*  
Vice President



STATE OF OHIO, COUNTY OF HAMILTON — ss:

On this 19th day of January, 1998, before me personally appeared DOUGLAS R. BOWEN, to me known, being duly sworn, deposes and says that he resided in Cincinnati, Ohio, that he is the Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



**MAUREEN DOUGHERTY**  
Notary Public, State of Ohio  
My Commission Expires Aug. 12, 2001

*[Signature]*  
Maureen Dougherty

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated March 1, 1993.

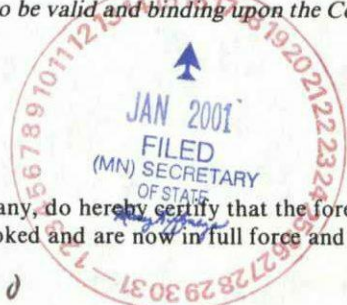
**RESOLVED:** That the Division President, the several Division Vice Presidents and Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-In-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract or suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby 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.

## CERTIFICATION

I, RONALD C. HAYES, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of March 1, 1993 have not been revoked and are now in full force and effect.

Signed and sealed this 16th day of November, 2000



*[Signature]*  
Assistant Secretary