

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 Dean Neisen ✓ Bond No. 55-171187 ✓
Type or Print (do not enter the plumbing company name)
 Address 1518 89th Avenue North Brooklyn Park, MN 55444
Street City State Zip

Phone (612) 816-3679

Plumbing Company Name KIDD PLUMBING INC ✓
Type or Print. Must be the same as filed the previous year.
 Must be the same on the certificate of insurance.

Address 1518 89TH AVE NO., BROOKLYN PARK, MN 55444 ✓
Street (Must be the same as filed the previous year.) City State Zip
 Must be the same on the certificate of insurance.

Phone (612) 816-3679



Date Original Bond Issued APRIL/ 27/ 1998 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

Dean Neisen ✓
 Master Plumber Signature
UNITED FIRE & CASUALTY COMPANY
 Surety Company Name
How In Schuchman
 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 CUR 5665</u>	Dep. No. <u>077</u>	Dep. Date <u>NOV 12 1998</u>
WC <input checked="" type="checkbox"/> PHCC <input type="checkbox"/>	Lic. No. <u>PM00 5159</u>	Renew <u>11 / 12 / 98</u>	

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