

Master Plumber Code Compliance Bond

(To be completed by your surety company.)

BOND NO. LP770666

PAUL AMBROZ PLUMBING

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

of

601 PEXA DRIVE NEW PRAGUE MN 56071 (952) 758-5650

Plumbing Company Address City State Zip Telephone No.

as principal, and CAPITOL INDEMNITY CORPORATION

Surety Company Name

4610 UNIVERSITY AVENUE MADISON WI 53705 (608) 231-4450

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 14TH day of DECEMBER, 2001. Surety Corporation CAPITOL INDEMNITY CORPORATION

By

Attorney in Fact
TERRY STARKS

PAUL AMBROZ

Print - Master Plumber's Name

4165PM
License No.

BY:

Paul Ambroz
Master Plumber's Signature

Print - Principal Name

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 PCK/8473

Deposit Date:

JAN 03 2002

Deposit No.:

101

0200245

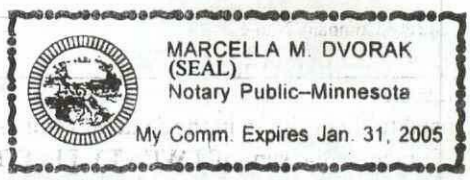
You must complete A or B and C

A. Acknowledgement of Individual or Partnership Contractor

State of Minnesota }
County of Scott } ss.

On this 14TH day of DECEMBER, 2001, personally came PAUL AMBROZ
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.

Marcella M. Dvorak 12/29/2001
Notary Public Date



My commission expires 1/31/2005
Date

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)

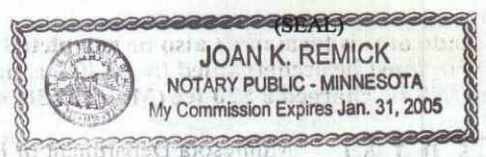
My commission expires ____ / ____ / ____
Date

C. Acknowledgement of Corporate Surety

State of Minnesota }
County of WASHINGTON } ss.

On this 14TH day of DECEMBER, 2001, personally came TERRY STARKS
and _____ to me personally known, who being by me duly sworn, did say that he/she
is the attorney in fact, of CAPITOL INDEMNITY CORPORATION, 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 TERRY STARKS
acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

Joan K. Remick 12 / 14 / 01
Notary Public Date



My commission expires 01 / 31 / 05
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.



Capitol INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900
PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900
PHONE (608) 231-4450 • FAX (608) 231-2029

POWER OF ATTORNEY

No: **597865**

Know all men by these Presents, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

-----TERRY STARKS, DAVID E. SELL, OTTO T. BANG, ROBERT E. CLEMANTS, MELISSA M. NORDIN-----
-----OR JOAN K. REMICK-----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

-----NOT TO EXCEED \$3,000,000.00-----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 5th day of May 1960:

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the 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 or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Secretary, this 1st day of June, 1999.

CAPITOL INDEMNITY CORPORATION

Attest:

Virgiline M. Schulte
Virgiline M. Schulte, Secretary



George A. Fait
George A. Fait, President

STATE OF WISCONSIN }
COUNTY OF DANE }

On the 1st day of June, A.D., 1999, before me personally came George A Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; 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.

STATE OF WISCONSIN }
COUNTY OF DANE }



Jane F. Endres
Jane F. Endres
Notary Public, Dane Co., WI
My Commission Expires March 23, 2003

CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney 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 now in force.

Signed and sealed at the City of Madison. Dated the 14TH day of DECEMBER, 2001



Paul J. Breitmayer
Paul J. Breitmayer, Treasurer

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.