

# Master Plumber Code Compliance Continuation Bond

(To be completed by your Surety Company.)

The \$40 filing fee must be submitted with this bond, made payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$20 fee (M.S. 332.50, subd. 2). A Certificate of Insurance may be submitted. An Acord form or any other certificate of insurance will not be accepted.

Master Plumber Name Christopher B. Burns Bond No. 568 0601  
Type or Print (do not enter the plumbing company name)

Address 1151 Rice Lake St. Owatonna, MN. 55060 (507 ) 451-166 5  
Street City State Zip Phone No.

Plumbing Company Name Premier Plumbing & Heating  
Type or Print. Must be the same as filed the previous year.

Address 1151 Rice Lake St. Owatonna, MN. 55060 (507 ) 451-166 5  
Street (Must be the same as filed the previous year.) City State Zip Phone No.

Date Original Bond Issued 1 / 1 / 00 in the amount of \$25,000 as required by statutes.

Surety Company Name Ohio Farmers Insurance Co.  
Type or Print

Address One Park Circle PO Box 5001 Westfield Center, OH 44251 1-800-243-0201  
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, 2002**.

Dated this 3rd day of January, 2002.

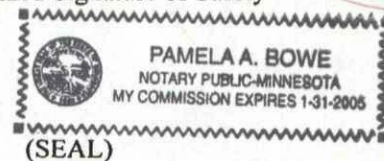
Chris Burns PM004054  
Master Plumber's Signature License No.

State of Minnesota )  
COUNTY OF Steele )

Subscribed and sworn before me

Pamela A. Bowe 1 / 3 / 02  
Notary Public Date  
My commission expires 1 / 31 / 05

Ohio Farmers Insurance  
Surety Company Name  
[Signature]  
Authorized Signature of Surety



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, certificate of insurance (if submitted) and \$40 filing fee to:



Minnesota Department of Health  
Plumbing Program  
121 East Seventh Place, Suite 220  
P.O. Box 64975  
St. Paul, MN 55164-0975  
(651)215-0836

Office use only: Fee: \$40/cck/0988  
Deposit Date: JAN 08 2002  
Deposit No.: 104

0200601

Continuation  
Certificate

☒ **Ohio Farmers Insurance Co.**  
☐ **Westfield Insurance Co.**

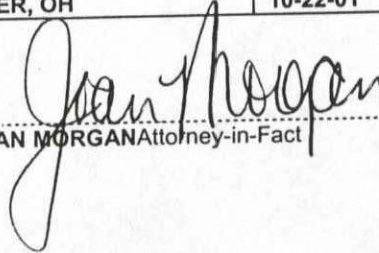
Westfield Companies  
Westfield Center, Ohio 44251-5001

In consideration of an agreed premium payable in advance, the Bond described below is hereby continued in force for the period indicated. Continuation is subject to the condition that the maximum aggregate liability under the Bond and any and all continuations thereof shall in no event exceed the amount of liability shown herein. This endorsement shall be valid only when executed by an attorney-in-fact of this Company.

| BOND NO.                           | ORIGINAL EFFECTIVE DATE | BOND AMOUNT                | RENEWAL PREMIUM | CONTINUED     |        |
|------------------------------------|-------------------------|----------------------------|-----------------|---------------|--------|
|                                    |                         |                            |                 | FROM          | TO     |
| 568 0601                           | 1-1-00                  | \$25,000                   | \$125.00        | 1-1-02        | 1-1-03 |
| PRINCIPAL                          |                         |                            |                 |               |        |
| PREMIER PLUMBING & HEATING         |                         |                            |                 |               |        |
| OBLIGEE                            |                         |                            |                 |               |        |
| STATE OF MINNESOTA, DEPT OF HEALTH |                         |                            |                 |               |        |
| TYPE OF BOND (DESCRIBE)            |                         | EXECUTED AT (City - State) |                 | DATE EXECUTED |        |
| PUB. OFFICIAL                      | SURETY                  | WESTFIELD CENTER, OH       |                 | 10-22-01      |        |
|                                    | x                       |                            |                 |               |        |

HEINZ INSURANCE AGENCY.....  
Agency

OWATONNA, MN 22-6331.....  
City & State

By .....  
JOAN MORGAN Attorney-in-Fact

BD 5403 (11-91)



General  
Power  
of Attorney  
CERTIFIED COPY

# Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents, That OHIO FARMERS INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, does by these presents make, constitute and appoint **DAVID M. OTTERSON**

of **OWATONNA** and State of **MN** its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, undertakings, and recognizances; provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed ONE MILLION DOLLARS AND NO CENTS (\$1,000,000)----

**LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.**

and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions adopted by the Board of Directors of the Ohio Farmers Insurance Company:

"Be It Resolved, that the President, any Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

"Section 1. Attorney-in-Fact. Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary." (Adopted at a meeting held on the 3rd day of July, 1957.)

"Be It Resolved, that the power and authority to appoint Attorney(s)-in-Fact granted to certain officers by a resolution of this Board on the 3rd day of July, 1957, is hereby also granted to any Assistant Vice-President." (Adopted at a meeting held on the 13th day of July, 1976.) This power of attorney and certificate is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Ohio Farmers Insurance Company at a meeting duly called and held on the 9th day of June, 1970:

"Be It Resolved, that the signature of any authorized officer and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

In Witness Whereof, OHIO FARMERS INSURANCE COMPANY has caused these presents to be signed by its Vice President, and its corporate seal to be hereto affixed this 09th day of JULY A.D., 1999.

Corporate  
Seal  
Affixed



OHIO FARMERS INSURANCE COMPANY

*Jim Chapman*

James R. Chapman

Vice President

State of Ohio  
County of Medina

ss.:

On this 09th day of JULY A.D., 1999, before me personally came **James R. Chapman**, to me known, who, being by me duly sworn, did depose and say, that he resides in **Medina, Ohio**; that he is **Vice President** of OHIO FARMERS INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; 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 Company, and that he signed his name thereto by like order.

Notarial  
Seal  
Affixed



*James M. Walker*

James M. Walker

Notary Public

State of Ohio  
County of Medina

ss.:

My Commission Does Not Expire  
Sec. 147.03 Ohio Revised Code

## CERTIFICATE

I, **Richard L. Kinnaird, Jr.**, Assistant Secretary of the OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_ A.D.,



*Richard L. Kinnaird, Jr.*

Richard L. Kinnaird, Jr.

Assistant Secretary