

**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 Philip F. Osendorf ✓ Bond No. 701 73 38 ✓  
Type or Print (do not enter the plumbing company name)

Address P O Box 157 Freeport MN 56331  
Street City State Zip

Phone ( 320 ) 836-2117

Plumbing Company Name Philip F. Osendorf/Freeport Hardware, Inc. ✓  
Type or Print. Must be the same as filed the previous year. Must be the same on the certificate of insurance.

Address P O Box 157 Freeport MN 56331 ✓  
Street (Must be the same as filed the previous year.) City State Zip  
Must be the same on the certificate of insurance.

Phone ( 320 ) 836-2117



Date Original Bond Issued 11 / 02 / 93 in the amount of \$2,000 as stated in Minnesota Statutes 326.40 (1978).

Surety Company Name TRI-STATE INSURANCE COMPANY OF MINNESOTA ✓  
Type or Print

Address One Roundwind Road Luverne MN 56156  
Street City State Zip

Phone ( 507 ) 283-9561

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 28th day of October, 1998.



Philip F Osendorf ✓  
Master Plumber Signature

TRI-STATE INSURANCE COMPANY OF MINNESOTA  
Surety Company Name  
M.F. Loeb ✓  
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>\$40.00</u>	Dep. No. <u>100</u>	Dep. Date <u>DEC 29 1998</u>
WC <input checked="" type="checkbox"/>	PHCC <input type="checkbox"/>	Lic. No. <u>PM00 3470</u>	Renew <u>12/29/98</u> <u>9803888</u>