

# Unlicensed Plumbing Contractor Bond

(Applies to all persons other than licensed master plumbers.)

To be completed by your surety company.

Bond No. 249 23 69

Twin Ports Excavating, LP of

Company Name, if none, the plumbing contractor's name.

Plumbing Company Address 501 Elk Street Duluth MN 55804 (Telephone No. \_\_\_\_\_)

as principal, and UNION INSURANCE COMPANY

Surety Company Name PO Box 80439 Lincoln NE 68501 ( 800 ) 456-5486

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 Obligor, 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.

NOW, THEREFORE, the condition of this obligation is such that, if the undersigned Principal or such persons authorized to perform plumbing under the Principal's supervision performs plumbing in compliance with the plumbing code 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 31 st. The period of this bond is December 31, 2003 through December 31, 2004. During the term of this obligation, the Principal and Surety will pay unto the Obligor, or as otherwise directed by the Obligor, 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 47 15.

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 23rd day of October, 2003

STEVEN J. STINCE  
Print - Plumbing Contractor Name

[Signature] CEO  
Signature Principal

Surety Corporation UNION INSURANCE COMPANY

By [Signature]  
Attorney in Fact N.J. McMeen Seal

- 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 55 164-0975

Minnesota Relay Service (Greater MN):  
1/800/627-3529  
Minnesota Relay Service (Metro): 297-5353

Office Use Only: Fee \$40/cch/5843  
Deposit Date: MAR 23 2004  
Deposit No.: 173

0404382



You must complete A or B and C

### A. Acknowledgement of Individual or Partnership Contractor

State of Minnesota

County of \_\_\_\_\_

St. Louis

)ss)

On this 3rd day of March, \_\_\_\_\_, personally came Steve J. Stingle  
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.

Notary Public

My commission expires

Date \_\_\_\_\_

Date \_\_\_\_\_



### B. Acknowledgement of Corporate Contractor

State of Minnesota

County of \_\_\_\_\_

$$\left. \begin{array}{l} ) \\ ) \\ ) \end{array} \right\} ss$$

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally came

who being by me duly sworn, did say that he/she is

of\_

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

My commission expires

Date \_\_\_\_\_

Date \_\_\_\_\_

(SEAL)

### C. Acknowledgement of Corporate Surety

## NEBRASKA

State of Minnesota

County of \_\_\_\_\_

Lancaster

$$\left. \begin{array}{l} ) \\ ) \\ ) \end{array} \right\} \text{ss}$$

On this 23rd day of October, 2003, personally came N.J. McMeen

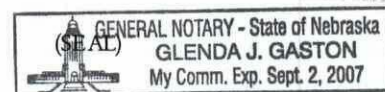
And \_\_\_\_\_ to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact, of **UNION INSURANCE COMPANY**, the corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said **N.J. McMeen** acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

Notary Public

My commission expires

Date \_\_\_\_\_

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.



**POWER OF ATTORNEY  
UNION INSURANCE COMPANY  
Lincoln, Nebraska**

**NOTICE:** The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS: that the UNION INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Lincoln, Nebraska does hereby make, constitute and appoint

**M.F. Loeb or N.J. McMeen of Lincoln, NE**

its true and lawful Attorney-in-Fact, with the power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf, as surety any and all bonds, recognizances, stipulations and undertakings, excluding, however, any bonds or undertakings guaranteeing payment of loans, notes or the interest thereon and the execution of such bonds or undertakings, in pursuance of these presents, shall be as binding upon the said corporation, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the said corporation at its office in Lincoln, Nebraska, in their own proper persons.

The UNION INSURANCE COMPANY represents that the execution of this Power-of-Attorney and the granting of the power herein to said Attorney-in-Fact are authorized by its by-laws.

This instrument is signed and sealed by facsimile as authorized by the following Resolution adopted by the directors of the Company on November 5, 1990:

"RESOLVED, that the signature of any officer of the company authorized to appoint Attorneys in Fact, as provided by its By-Laws, certifying to the correctness of any copy of a Power of Attorney and the seal of the company, may be affixed by facsimile to any Power of Attorney or copy thereof issued on behalf of the company. Such signatures and seal are hereby adopted by the company as original signatures and seal, to be valid and binding upon the company with the same force and effect as though manually affixed."

In Witness Whereof, UNION INSURANCE COMPANY has caused its corporate seal to be hereunto affixed and these presents to be duly executed by its Vice President this 12th day of November, 2002.

**UNION INSURANCE COMPANY**



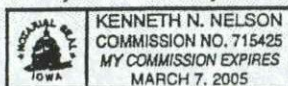
By: Walter E. Stradley, Vice President

**WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE BACKGROUND WITH RED AND BLUE BORDER.**

STATE OF NEBRASKA )  
LANCASTER COUNTY ) SS

On this day, before the undersigned, a Notary Public in and for said County and State, personally came the above named officer of the UNION INSURANCE COMPANY, to me personally known to be the individual and officer who executed the preceding instrument, and they acknowledged the execution of said instrument to be the voluntary act and deed of the UNION INSURANCE COMPANY and his voluntary act and deed as an officer of said corporation, and that the seal of said corporation was affixed to said instrument by the authority and direction of said corporation.

Witness my hand and my Notarial Seal at Des Moines, Polk County, Iowa, the day and year last written above.



Notary Public

**CERTIFICATE**

I, the undersigned, Vice President of UNION INSURANCE COMPANY do hereby certify that the original Power of Attorney, of which the foregoing is full, true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Vice President, and affixed the corporate seal of the corporation this 23rd day of October, 2003.



Vice President