

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 St. Paul Plumbing & Heating Co.

Type or Print (do not enter the plumbing company name)

Bond No. B 40265540 Grand Avenue 640 Grand Ave

Street

St. Paul

City

MN

State

55105

Zip

(651) 228-9200

Phone No.

Plumbing Company Name St. Paul Plumbing & Heating Co.

Type or Print. Must be the same as filed the previous year.

Address 640 Grand Ave

Street (Must be the same as filed the previous year.)

St. Paul

City

MN

State

55105

Zip

(651) 228-9200

Phone No.

Date Original Bond Issued 01 / 01 / 03 in the amount of \$25,000 as required by statutes.Surety Company Name Selective Insurance Company of America

Type or Print

Address 40 Wantage Avenue

Street

Branchville

City

NJ

State

07890

Zip

(973) 948 3000

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, 2004**.

Dated this 13th day of November, 2003.

[Signature]
Master Plumber's Signature

Selective Insurance Company of America
Surety Company Name

State of Minnesota
COUNTY OF Ramsey
Subscribed and sworn before me

Stephannie A. Rhodes
Authorized Signature of Surety / Stephannie A. Rhodes

[Signature]
Notary Public

My commission expires JAN 1 31 2005

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.

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: CC 38608/40.Deposit Date: DEC 02 2003Deposit No.: -098

0402259

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Selective Insurance Company of America, a New Jersey corporation having its principal office in Branchville, State of New Jersey, pursuant to Article VII, Section 13 of the By-Laws of said Company, to wit:

"The Chairman of the Board, President, any Vice Presidents or the Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Company and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Company's name and seal with the Company's seal, bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking, and any of said Officers may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby make, constitute and appoint **STEPHANIE A. RHODES**

its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in the nature of a bond subject to the following limitations: **NO LIMITATIONS**

and to bind the Selective Insurance Company of America thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Selective Insurance Company of America, and all the acts of said Attorney are hereby ratified and confirmed.

IN WITNESS WHEREOF, the Selective Insurance Company of America has caused these presents to be signed by its **Senior Vice President** and its corporate seal to the hereto affixed this **19TH** day of **DECEMBER**, **2000**

BY: 
Antonio C. Albanese, Senior Vice President
1926

State of New Jersey
County of Sussex

On this **19TH** day of **DECEMBER**, **2000**
and for the County of Sussex duly commissioned and qualified, came **Antonio C. Albanese** of the Selective Insurance Company of America, to me personally known to be the officer described herein, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposed and said that he is an officer of said Company aforesaid; that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the Company; that Article VII, Section 13 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Branchville, New Jersey this **19TH** day of **DECEMBER**, **2000**

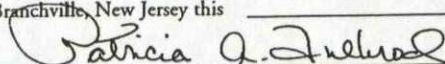
LORRAINE A. PETERSEN
NOTARY PUBLIC OF NEW JERSEY
COMMISSION EXPIRES AUG. 30, 2003

The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of Selective Insurance Company of America at a meeting duly held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking....."

I, Patricia A. Fulkrod, Assistant Secretary of the Selective Insurance Company of America, 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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Branchville, New Jersey this **13th** day of **November**, **2003**


Assistant Secretary