

# Unlicensed Plumbing Contractor Bond

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

To be completed by your surety company.

Bond No. 234 51 68

Douglas Kyte DBA Welcome Hardware

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

Plumbing Company Address 109 Dugan Street N City Welcome State MN Zip 56181 Telephone No. \_\_\_\_\_

as principal, and UNION INSURANCE COMPANY

Surety Company Name

P O Box 80439

City Lincoln

State NE

Zip 68502

( 800 )

Telephone No. 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 Oblige, 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 July 10, 2002 through December 31, 2002 During the term of this obligation, the Principal and Surety will pay unto the Oblige, or as otherwise directed by the Oblige, 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 5th day of July, 2002

Douglas Kyte DBA Welcome Hardware

Print - Plumbing Contractor Name

[Signature]  
Signature Principal

Surety Corporation UNION INSURANCE COMPANY

BY [Signature]

Attorney in Fact

M.F. Loeb

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

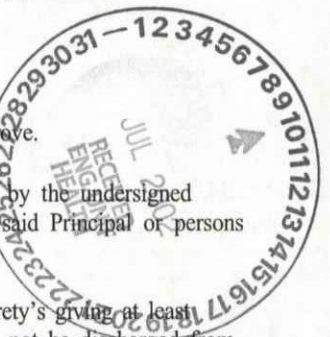
Minnesota Relay Service (Greater MN):  
1/800/627-3529  
Minnesota Relay Service (Metro): 297-5353

Office Use Only: Fee 40.00 CCK/9966

Deposit Date: JUL 11 2002

Deposit No.: 08

0300094





**You must complete A or B and C**

**A. Acknowledgement of Individual or Partnership Contractor**

State of Minnesota )

County of MARTIN )ss

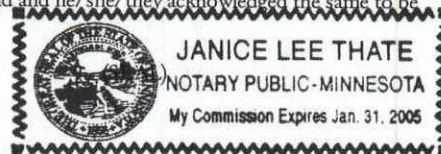
On this 5th day of July, 2002, personally came Douglas Kyto  
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same to be  
his/her/their own free act and deed.

Janice Lee Thate  
Notary Public

7/8/02  
Date

My commission expires

1/31/05  
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**

NEBRASKA

State of Minnesota )

County of Lancaster )ss

On this 5th day of July, 2002, personally came M.F. Loeb

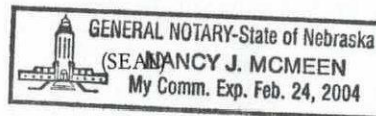
And \_\_\_\_\_ to me personally known, who being by me duly sworn, did say that he/she  
is the attorney in fact, of UNION INSURANCE COMPANY, the corporation whose name is affixed to the foregoing  
instrument; that the seal affixed to the foregoing instrument is the corporate seal of the said corporation;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

Nancy J. McMeen  
Notary Public

7/15/02  
Date

My commission expires

2/24/04  
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.

3/2000





You must complete A or B and C

**A. Acknowledgement of Individual or Partnership Contractor**

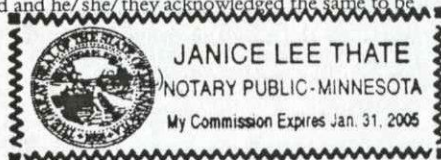
State of Minnesota )  
County of MARTIN )ss

On this 5th day of July, 2002, personally came Douglas Kyto  
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.

Janice Lee Thate  
Notary Public

7/8/02  
Date

My commission expires 1/31/05  
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**

**NEBRASKA**

State of Minnesota )  
County of Lancaster )ss

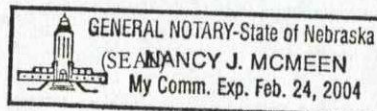
On this 5th day of July, 2002, personally came M.F. Loeb

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 M.F. Loeb acknowledged that he/she executed  
said instrument as attorney in fact as the free act and deed of said corporation.

Nancy J McMeen  
Notary Public

7/5/02  
Date

My commission expires 2/24/04  
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.

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social security number of any responsible person, which is private.

3/2000



**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 President this 10th day of June, 1998.

**UNION INSURANCE COMPANY**



*Bradley S. Kuster*

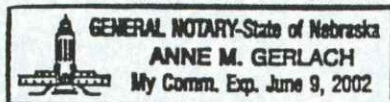
By: Bradley S. Kuster, President

**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 Lincoln, Lancaster County, Nebraska, the day and year last written above.



*Anne M. Gerlach*

Notary Public

**CERTIFICATE**

I, the undersigned, Vice President and Secretary 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 Secretary, and affixed the corporate seal of the corporation this 5th day of July, 2002.



*Steven J. Dutton*

Vice President and Secretary