Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification
443 Lafayette Road No.
St. Paul, MN 55155

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DEPARTMENT OF LABOR AND INDUSTRY

High Pressure Piping Surety Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	$15,000.00	

PRINT IN INK or TYPE

KNOW ALL PERSONS BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Minnesota Secretary of State; or if individual proprietor, individual's name.)

_____
(DBA or "doing business as" name if applicable)

With business office at _____
(Business Address) (City) (State) (Zip Code) (Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

_____
(Surety Company Address) (City) (State) (Zip Code) (Telephone number)

a corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are hereby held and firmly bound to the state of Minnesota and any person injured or suffering financial loss by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules related to the Principal's license or any permit applied for and all contracts entered into, in the penal sum of FIFTEEN THOUSAND DOLLARS ($15,000.00).

For payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is making application with the Minnesota Department of Labor and Industry to be licensed as, or has been licensed as, a high pressure piping business with specific privileges and responsibilities under Minnesota Statutes, section 326B, as amended, Minnesota Rules, chapter 5230, as amended, for all High Pressure Piping work and contracts entered into within the state.

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and rules, including all amendments thereto, pertaining to the license or permit applied for and all contracts entered into, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond, shall in no event exceed the amount set forth above for each two-year period the bond remains in force. The bond penalty shown above is cumulative over each two-year period the bond remains in force, the same as if a separate bond were issued every two years.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled by the Surety at any time upon giving the said Principal and the Minnesota Department of Labor and Industry 30 days' written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days' notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry within 15 days of any bond claim or payment which results in the penal sum of the bond falling below the legal requirement

By their signatures below, the parties certify that the wording of this surety bond is in compliance with Minnesota Statutes, sections 326B.33, subd. 15 and 326B.0921, as constituted on the effective date of this bond. This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall be in effect until cancellation. Effectiveness of this bond is only a component of, and does not constitute required licensure by the State of Minnesota. Principal shall not conduct work or contract to conduct work requiring licensure until the State of Minnesota has issued the license for which Principal has applied.

Signed and sealed this _____ day of _____

(SURETY SEAL)

_____
Print Name of Principal(s)

_____
SIGNATURE OF PRINCIPAL(S)

_____
Print Name of Principal(s)

_____
SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

_____
NAME OF SURETY

File with: Minnesota Department of Labor and Industry
CCLD Licensing and Certification
443 Lafayette Road N.
St. Paul, Minnesota 55155

_____
SIGNATURE OF ATTORNEY IN FACT
(SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership
(Note: If partnership all signatures are required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this_____day of_____personally came _____
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.

_____

(SEAL) Notary Public, _____County, _____

My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
) ss
COUNTY OF _____)

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.

_____

(SEAL) Notary Public, _____County, _____

My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this_____day of_____personally came _____
and_____to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact of_____,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 _____acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

_____

(SEAL) Notary Public, _____County, _____

My Commission Expires _____

This material can be made available in different forms, such as large print, Braille or on audio.