

## Instructions for Completing Technology System Contractor Bond

### THE ORIGINAL BOND FORM MUST BE FILED WITH THE APPLICATION – COPIES WILL NOT BE ACCEPTED.

The Surety Company may use its own form. Regardless of whether the Department's bond form is used or whether the Surety Company uses their own form, the expiration date for a Technology System Contractor Bond **must be August 1, 2012**. The bond shall be effective and run concurrently with the license period from the date the license is granted and shall expire on **August 1, 2012**.

When the Department supplied bond form is used, it must be completed as follows: (Surety Company provided bond forms are completed in a similar manner with the same language that is on the Departments Bond form).

Bond number: The Bond number must be issued. **It cannot be marked "pending."**

**The Business name** including the assumed name (doing business as (dba)) shall be **exactly the same** as the applicant used on their "Technology System Bond Registration Form" and all other forms. The business name that an applicant uses to identify themselves must be filed or registered with the Office of the Secretary of State. *Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State. See below examples:*

**An individual without an assumed name** - John Doe or John Doe Wiring

An individual using their full true name as in the example above are not required to register with the Secretary of State

**An individual with an assumed name** - John Doe dba Assumed Name

**A partnership with an assumed name** - John Doe and James Doe dba Assumed Name

**A corporation** - Company Name Inc.

**A corporation with an assumed name** - Company Name Inc. dba Assumed Name

**A limited liability company** - Company Name, LLC or LLP

The address of the Business.

The name of the Surety (Bonding) Company.

The surety company's address and telephone number.

The state that the Surety Company is organized in.

The date the Bond was signed and surety sealed by the power of attorney.

Signature of Principal. If the Business is an individual owner, the owner must sign bond; if a partnership, all partners must sign bond; if a limited liability partnership, all partners must sign bond; if a corporation, an officer must sign bond; and if another business entity, a person with delegated authority must sign bond. The individual(s) signing the bond for the business must be identified as the **Owners**, all **Partners** of partnerships, all **Officers** of corporations (Inc), all **Partners** of limited liability partnerships (LLP) , all Limited Liability Company **Members (LLC)**, and all **Principals** of other business types as listed on the Technology System Bond Registration Form.

Name of Surety (Bonding) Company.

Signature of Attorney in Fact (Surety Company).

**VERY IMPORTANT!** The bond form must be notarized as follows: (A) or (B) AND (C) below

- A. If the business is an Individual, Partnership, or a Limited Liability Company, the bond form must be notarized in the block on the upper one-third of the form. **ALL SIGNATURES NEED TO BE NOTARIZED.**
- B. If the business is a Corporation, the bond form must be notarized in the block in the center one-third of the form.
- C. The block in the lower one-third of the form must be notarized by the Surety company.

The original Power of Attorney form must be attached.

**When the Surety Company completes the Bond, it must be returned to the Business to be signed by the principal. The Business shall have the Bond notarized on the back in the appropriate block (Box A or B). Bonds that have the conditions of the Bond modified in any manner will not be accepted, and the application will be returned to the submitter.**

**NOTE: DO NOT SEND BOND FORM TO THE DEPARTMENT OF LABOR OF INDUSTRY. BOND FORMS MUST BE SIGNED BY THE PRINCIPAL OF THE BUSINESS BEFORE SUBMISSION TO THE DEPARTMENT OF LABOR AND INDUSTRY.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

# BOND EXAMPLES

## Individual Proprietors With an Assumed Name

St. Paul, MN 55155  
Phone: (651) 284-5031 Fax: (651) 284-5743

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE  
KNOW ALL MEN BY THESE PRESENTS:

THAT WILLIAM SMITH ← **CORRECT**

(Business name as registered with the Office of the Secretary of State)

WILLIAM SMITH ELECTRICAL ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at \_\_\_\_\_

St. Paul, MN 55155  
Phone: (651) 284-5031 Fax: (651) 284-5743

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE  
KNOW ALL MEN BY THESE PRESENTS:

THAT WILLIAM SMITH ELECTRICAL ← **INCORRECT**

(Business name as registered with the Office of the Secretary of State)

WILLIAM SMITH ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at \_\_\_\_\_

## Corporations or Limited Liability Companies Without an Assumed Name

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE  
KNOW ALL MEN BY THESE PRESENTS:

THAT SERIOUS CONTRACTORS INC ← **CORRECT**

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

SERIOUS CONTRACTORS INC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at \_\_\_\_\_

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

E-mail: DLI.License@state.mn.us  
www.dli.mn.gov

PRINT IN INK or TYPE  
KNOW ALL MEN BY THESE PRESENTS:

THAT JAMES SMITH ← **INCORRECT**

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

SERIOUS CONTRACTORS INC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at \_\_\_\_\_

## Corporations or Limited Liability Companies With an Assumed Name

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE  
KNOW ALL MEN BY THESE PRESENTS:

THAT SMITH CONSTRUCTION LLC ← **CORRECT**

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

SMITH CONTRACTING ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at \_\_\_\_\_

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE  
KNOW ALL MEN BY THESE PRESENTS:

THAT SMITH CONTRACTING ← **INCORRECT**

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

SMITH CONSTRUCTION LLC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at \_\_\_\_\_

**PART A or B MUST BE COMPLETED DEPENDING ON BUSINESS STRUCTURE TYPE**

**PART C MUST BE COMPLETED BY THE SURETY COMPANY**

**A OR B AND C MUST BE COMPLETED** SMITH CONTRACTING

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

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

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: \_\_\_\_\_

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**B. FOR ACKNOWLEDGEMENT OF Corporate Contractor**

STATE OF \_\_\_\_\_ )  
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.

(SEAL) \_\_\_\_\_ Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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**PART C MUST BE COMPLETED BY THE SURETY COMPANY**

**C. FOR ACKNOWLEDGEMENT OF Corporate Surety**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

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: \_\_\_\_\_

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
E-mail: DLI.License@state.mn.us  
www.dli.mn.gov

## Technology System Contractor Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$25,000</b>	

PRINT IN INK or TYPE

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
(Business name as registered with the Office of the Secretary of State)

\_\_\_\_\_  
(DBA, 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 jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor & Industry and shall be in lieu of all other license bonds to any other political subdivision as provided in M.S. § 326B.33, subd. 6a.

The condition of the above obligation is such, that whereas, the said Principal is licensed as a Technology System Contractor. This bond shall constitute a new obligation in the sum of **\$25,000** for each biennial license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one biennial license period shall in no event exceed the sum of **\$25,000**.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all work entered upon by him as a Technology System contractor within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **August 1, 2012**. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)**.

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.**

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

\_\_\_\_\_  
NAME OF SURETY

\_\_\_\_\_  
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 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 \_\_\_\_\_