Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing and Certification PO Box 64217 St. Paul, MN 55164-0217



## Email: dli.license@state.mn.us **High Pressure Piping Surety Bond** www.dli.mn.gov/ccld Website: Phone: (651) 284-5034 AMOUNT EFFECTIVE DATE BOND NO. **PRINT IN INK or TYPE** \$15,000.00 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) (City) (Surety Company Address) (State) (Telephone number) (Zip Code) 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

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 \_\_\_\_\_

Print Name of Principal(s)

Print Name 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 SIGNATURE OF PRINCIPAL(S)

SIGNATURE OF PRINCIPAL(S)

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 are required to be notarized. Please copy the page if necessary.)

STATE OF)	
) ss COUNTY OF)	
On this day of parsons	ally came
	nd who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.	The who exceduted the foregoing bond and hershoriney doknowledged the same
(SEAL)	Notary Public,County,
	My Commission Expires
B. FOR ACKNOWLEDGEMENT of Corporate Contract	ctor
STATE OF)	
) ss COUNTY OF	
On thisday ofpersona	ally 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 SU	IRETY COMPANY
C. FOR ACKNOWLEDGEMENT of Corporate Surety	
STATE OF)	
) ss COUNTY OF)	
On thisday ofpersona	ally 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 instrumen	nt; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in be	ehalf 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