Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North St. Paul, MN 55155



Sign Contractor Bond

Phone: (651) 284-5034

E-mail: DLI.License@state.mn.us

Website: www.dli.mn.gov

BOND NO. **AMOUNT** EFFECTIVE DATE | ENDING DATE PRINT IN INK or TYPE \$8,000.00

KNOW ALL PERSONS BY THESE PRESENTS: THAT (Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.) (DBA, doing business as name if applicable) With business office at _ State Zip Code Telephone number) as PRINCIPAL, and _____ (Surety Company Name) (Surety Company Address 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 EIGHT THOUSAND DOLLARS (\$8,000.00) 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 ass firmly by these presents. The bond shall be filed with the Minnesota Department of Labor and Industry and shall be in lieu of all other license bonds to any other political subdivision. NOW THEREFORE, the condition of this obligation is such that WHEREAS the said Principal has contracted to perform installation of signs within the state of Minnesota, then the Principal shall faithfully and lawfully comply with the requirements provided in Minnesota Statute 326B.865 and all applicable local or state code requirements when performing work in the state of Minnesota and indemnify any person dealing or transacting business with the Principal from any financial loss or damage occasioned by the failure of the Principal to comply with any requirements of the state or local codes relating to sign installation, then no obligation under this bond shall accrue; otherwise this bond shall remain in full force and effect. During the term of this obligation the Principal and Surety will pay unto the persons injured or suffering financial loss the amount needed to correct non-complying work. The aggregate liability of the Surety hereunder pertains to all claims, regardless of the number of claims made against the bond or the number of years the bond remains in force, shall in no event exceed the total sum of EIGHT THOUSAND DOLLARS (\$8,000.00). The bond must be renewed biennially and maintained for so long as determined by the commissioner. The aggregate liability of the surety on the bond to any and all persons, regardless of the number of claims made against the bond, may not exceed the annual amount of the bond. The bond may be cancelled as to future liability by the surety upon 30 days written notice mailed to the commissioner by giving written notice by Certified Mail, addressed to the Principal at the address as stated in the bond, and to the Department of Labor and Industry, Construction Codes and Licensing Division, 443 Lafayette Road No., St. Paul, MN 55155. Thirty (30) days after the mailing of that notice, this bond shall be null and void as to any liability thereafter arising, the Surety remaining liable, however, subject to all the terms, conditions, and provisions of this bond, for any and all acts covered by this bond up to the date of the cancellation. The Surety shall notify the Principal and the Department of Labor and Industry if it has made any payments on the bond which result in the value of the bond falling below the minimum amount required by law. signed and sealed this _____day of _____ (SURETY SEAL) SIGNATURE OF PRINCIPAL(S) Print Name of Principal (s) Print Name of Principal (s) SIGNATURE OF PRINCIPAL(S) Acknowledge (notarize) signatures on reverse side and attach NAME OF SURETY 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 ATTORNEY IN FACT (SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.) STATE OF COUNTY OF ____personally came ____ On this day of 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. Notary Public, County, (SEAL) My Commission Expires ____ B. FOR ACKNOWLEDGEMENT of Corporate Contractor STATE OF COUNTY OF On this _____day of ______personally came _____ who being by me duly sworn, did say that he/she is _____ , 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,_____County,___ (SEAL) My Commission Expires _____ PART C MUST BE COMPLETED BY THE SURETY COMPANY C. FOR ACKNOWLEDGEMENT of Corporate Surety On this _____day of _____personally came _____ to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact, of_____ 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 _____

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership

Sign Contractor Bond 6.20.2024

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