

SURETY BOND

**Work covered by the State Mechanical Code (Chapter 1346):
Including gas installations, heating, ventilation, air
conditioning, fuel burning, refrigeration (G/HVACR)**

BOND NUMBER: _____
Amount: \$25,000
EFFECTIVE DATE: _____

Pursuant to the terms of this instrument _____ as Principal
with its principal office located at: (address, city, state, zip) _____

_____ company phone number: _____ and
_____, a corporation licensed to transact a surety business in the State of
Minnesota, with its principal office located at _____

as Surety, their successors, assigns, and legal representatives are held and firmly bound, jointly and severally, to the State of Minnesota and any third party sustaining financial loss within the terms of this bond for payment in the amount of Twenty-Five Thousand Dollars (\$25,000), as provided in Minnesota Statute 326.992(a). This bond is for the benefit of persons suffering financial loss by reason of the contractor's failure to comply with the requirements of the State Mechanical Code (Minnesota Rules, Chapter 1346) when performing work in the State of Minnesota.

The condition of this bond is that the Principal has contracted to do gas, heating, ventilation, cooling, air conditioning, fuel burning, or refrigeration work within the State of Minnesota. If the Principal faithfully complies with the State of Minnesota Mechanical Code and indemnifies any person dealing or transacting business with the Principal from any loss or damage occasioned by the failure of the Principal to comply with any of the laws and rules of the State of Minnesota, then no obligation under this bond shall accrue; otherwise, this obligation shall remain in full force and effect.

Your bond must be renewed with a continuation certificate submitted to Construction Codes and Licensing Division. Renewal is due annually from the effective date of the bond or continuation certificate. The aggregate liability of the Surety, 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 \$25,000.

The bond may be cancelled by the Surety, as to future liability, by giving written notice by Certified Mail, addressed to the Principal at the address as stated in this bond, and to the Construction Codes and Licensing Division, Department of Labor and Industry as the address appears on this bond. 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.

**APPLY INSURANCE
COMPANY SEAL**

Signed and Witnessed this ____ day of _____ 20____

WITNESS TO PRINCIPAL SIGNATURE

PRINCIPAL SIGNATURE

TITLE

WITNESS TO SURETY SIGNATURE

SURETY COMPANY

SURETY COMPANY REPRESENTATIVE SIGNATURE AND TITLE

BOND FILING FEE – CHECK MUST BE MAILED WITH THIS FORM AND POWER OF ATTORNEY FORM

Mail the following items to: Department of Labor and Industry, Financial Services - Mechanical Bond, 443 Lafayette Road N., St. Paul, MN 55155. After these items have been processed, your company name will be posted on our website and you will receive a certificate in the mail valid for one year.

___ Page 1 filled out completely including all signatures and insurance company seal (embossed or stick on).

___ Page 2 with the appropriate Business Acknowledgement and Surety Acknowledgement with all signatures.

___ Valid Power of Attorney attached.

___ Check for \$15 fee, payable to Department of Labor and Industry. Checks returned for non-payment will be charged a \$30 fee.

(M.S. 604.113, subd. 2). Approved bonds are on our website in the Bond List.

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Surety Bond continued

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF _____)
)
COUNTY OF _____)

On this _____ day of _____, 20____, before me, a Notary Public within and for said county, personally appeared (print name) _____ to me known to be the person described in and who executed the foregoing instrument, as Principal, and acknowledged to me that the execution of this instrument was a voluntary act and deed.

(NOTARIAL SEAL or STAMP) Notary Public, _____ County, _____
My Commission Expires _____

ACKNOWLEDGEMENT OF PARTNERSHIP

STATE OF _____)
)
COUNTY OF _____)

On this _____ day of _____, 20____, before me, a Notary Public within and for said county, personally appeared (print name) _____ to me known to be a partner in the partnership whose name is subscribed on this bond form, who acknowledged to me that this bond was executed on behalf of the partnership for the purposes therein contained

(NOTARIAL SEAL or STAMP) Notary Public, _____ County, _____
My Commission Expires _____

CORPORATE ACKNOWLEDGMENT

STATE OF _____)
)
COUNTY OF _____)

On this _____ day of _____, 20____, before me, a Notary Public within and for said county, personally appeared (print name) _____, who being first duly sworn, says that he is the _____ of _____. Principal herein and executed the foregoing instrument for and in its behalf, by authority of its Board of Directors; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; and further acknowledged said instrument and the execution thereof to be the voluntary act and deed of said corporation.

(NOTARIAL SEAL OR STAMP) Notary Public, _____ County, _____
My Commission Expires _____

SURETY ACKNOWLEDGMENT MUST BE FILLED OUT COMPLETELY

STATE OF _____)
)
COUNTY OF _____)

On this _____ day of _____, 20____, before me, a Notary Public within and for said county, personally appeared (print name) _____, who being first duly sworn, says that he is the _____ of _____. Surety herein, a corporation duly organized and existing under laws of the State of _____, and executed the foregoing instrument for and in its behalf, by authority of its Board of Directors; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; and further acknowledged said instrument and the execution thereof to be the voluntary act and deed of said corporation.

(NOTARIAL SEAL OR STAMP) Notary Public, _____ County, _____
My Commission Expires _____

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
 AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____
 AGENCY ADDRESS: _____ City: _____ State: _____ Zip: _____

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR

Type of Bond: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP** **LLC** **DBA** **PARTNERSHIP** Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: () _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: () _____ Business Fax: () _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

SS#: _____ SPOUSE SS#: _____ PHONE: _____

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)

STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE
 NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM