

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification-Manufactured Homes  
PO Box 64220  
St. Paul, MN 55164-0220  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
E-mail: [DLI.License@state.mn.us](mailto:DLI.License@state.mn.us)  
[www.dli.mn.gov](http://www.dli.mn.gov)

## Manufactured Home Dealer Subagency Bond



CC0516

BOND NO.	AMOUNT	EFFECTIVE DATE	ENDING DATE
	<b>\$20,000.00</b>		January 1, .....

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, their successors, assigns, and legal representatives are held and firmly bound, jointly and severally, to the State of Minnesota and any third party sustaining injury within the terms of this bond for payment in the amount of **TWENTY THOUSAND DOLLARS (\$20,000.00)**, as provided in M.S. 327B.04, subd. 4c. This bond is exclusively for the purpose of reimbursement of consumer customer claims, pursuant to M.S. 327B.11.

The condition of this obligation is that the Principal has applied for a Minnesota Manufactured Home Dealer Subagency license to be issued upon the furnishing of this bond, if the Principal faithfully complies with all of the statutes of the State of Minnesota, regulating or being applicable to the business of the Principal as a dealer of manufactured homes and indemnifies any person dealing or transacting business with the Principal in connection with any manufactured home from any loss or damage occasioned by the failure of the Principal to comply with any of the laws of the State of Minnesota, then no obligation under this bond shall accrue; otherwise, this obligation shall remain in full force and effect.

This bond shall be effective upon execution and shall expire on January 1, ~~XXXXXX~~. 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 THOUSAND DOLLARS (\$20,000.00).

The Surety Company shall notify the Department of Labor and Industry, Construction Codes and Licensing Division, in writing prior to payment of any claim against this bond. If, within 10 days of receipt of notification, the Department of Labor and Industry does not object in writing, the claim may be paid. M.S. 327B.11, Subd. 2.

This bond may be canceled 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 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.

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**

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 \_\_\_\_\_