

Minnesota Department of Labor and Industry  
 CCLD - Licensing and Certification Services  
 PO Box 64220  
 St. Paul, MN 55164-0220  
 Phone: (651) 284-5034 Fax: (651) 284-5743  
 E-mail: DLI.License@state.mn.us  
 www.dli.mn.gov  
 PRINT IN INK or TYPE  
 KNOW ALL MEN BY THESE PRESENTS:

## Mechanical Bond



CC0516

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

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 \_\_\_\_\_  
 (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 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 do gas, heating, ventilation, cooling, air conditioning, fuel burning, or refrigeration work within the state of Minnesota, then the Principal shall faithfully and lawfully comply with the Minnesota State Mechanical Code (Minnesota Rules, Chapter 1346) as provided in Minnesota Statute 326B.197 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 Minnesota Rules, Chapter 1346, then no obligation under this bond shall accrue; otherwise this bond shall remain in full force and effect.

The terms of this bond shall be biennial and may be renewed with a continuation certificate due biennially from the effective date of the bond or continuation certificate. 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 **TWENTY-FIVE THOUSAND DOLLARS (\$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 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)**

\_\_\_\_\_  
 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.**

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

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**

**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 \_\_\_\_\_