

Instructions for Completing Manufactured Home Installer Bond

THE ORIGINAL BOND FORM MUST BE FILED WITH THE APPLICATION – COPIES WILL NOT BE ACCEPTED.

The Surety Company may use its own form. Regardless of whether the Department's bond form is used or whether the Surety Company uses their own form, the expiration date for a Manufactured Home Installer Bond **must be March 31, 2013**. The bond shall be effective and run concurrently with the license period from the date the license is granted and shall expire on **March 31, 2013**.

When the Department supplied bond form is used, it must be completed as follows: (Surety Company provided bond forms are completed in a similar manner with the same language that is on the Departments Bond form).

Bond number: The Bond number must be issued. **It cannot be marked "pending."**

The Business name including the assumed name (doing business as (dba)) shall be **exactly the same** as the applicant used on their "Application for Manufactured Home Installer License Form" and all other forms. The business name that an applicant uses to identify themselves must be filed or registered with the Office of the Minnesota Secretary of State. *Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State. See below examples:*

An individual without an assumed name - John Doe or John Doe Manufactured Home Installing
An individual using their full true name as in the example above are not required to register with the Secretary of State

An individual with an assumed name - John Doe dba Assumed Name

A partnership with an assumed name - John Doe and James Doe dba Assumed Name

A corporation - Company Name Inc.

A corporation with an assumed name - Company Name Inc. dba Assumed Name

A limited liability company - Company Name, LLC or LLP

The address of the Business. (must be the same as entered on the Application for Manufactured Home Installer License Form).

The name of the Surety (Bonding) Company.

The surety company's address and telephone number.

The state that the Surety Company is organized in.

The date the Bond was signed and surety sealed by the power of attorney.

Signature of Principal. If the Business is an individual owner, the owner must sign bond; if a partnership, all partners must sign bond; if a limited liability partnership, all partners must sign bond; if a corporation, an officer must sign bond; and if another business entity, a person with delegated authority must sign bond. The individual(s) signing the bond for the business must be identified as the **Owners**, all **Partners** of partnerships, all **Officers** of corporations (Inc), all **Partners** of limited liability partnerships (LLP), all Limited Liability Company **Members (LLC)**, and all **Principals** of other business types as listed on the Application for Manufacture Home Installer License Form.

Name of Surety (Bonding) Company.

Signature of Attorney in Fact (Surety Company).

VERY IMPORTANT! The bond form must be notarized as follows: (A) or (B) AND (C) below

- A. If the business is an Individual, Partnership, or a Limited Liability Company, the bond form must be notarized in the block on the upper one-third of the form. **ALL SIGNATURES NEED TO BE NOTARIZED.**
- B. If the business is a Corporation, the bond form must be notarized in the block in the center one-third of the form.
- C. The block in the lower one-third of the form must be notarized by the Surety company.

The original Power of Attorney form must be attached.

When the Surety Company completes the Bond, it must be returned to the Business to be signed by the principal. The Business shall have the Bond notarized on the back in the appropriate block (Box A or B). Bonds that have the conditions of the Bond modified in any manner will not be accepted, and the application will be returned to the submitter.

NOTE TO SURETY: DO NOT SEND BOND FORM TO THE DEPARTMENT OF LABOR OF INDUSTRY. BOND FORMS MUST BE SIGNED BY THE PRINCIPAL OF THE BUSINESS BEFORE SUBMISSION TO THE DEPARTMENT OF LABOR AND INDUSTRY.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

BOND EXAMPLES

Individual Proprietors With an Assumed Name

St. Paul, MN 55155
Phone: (651) 284-5031 Fax: (651) 284-5743

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT WILLIAM SMITH ← **CORRECT**

(Business name as registered with the Office of the Secretary of State)

WILLIAM SMITH ELECTRICAL ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

St. Paul, MN 55155
Phone: (651) 284-5031 Fax: (651) 284-5743

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT WILLIAM SMITH ELECTRICAL ← **INCORRECT**

(Business name as registered with the Office of the Secretary of State)

WILLIAM SMITH ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

Corporations or Limited Liability Companies Without an Assumed Name

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT SERIOUS CONTRACTORS INC ← **CORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SERIOUS CONTRACTORS INC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

E-mail: DLI.License@state.mn.us
www.dli.mn.gov

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT JAMES SMITH ← **INCORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SERIOUS CONTRACTORS INC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

Corporations or Limited Liability Companies With an Assumed Name

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT SMITH CONSTRUCTION LLC ← **CORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SMITH CONTRACTING ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT SMITH CONTRACTING ← **INCORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SMITH CONSTRUCTION LLC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

PART A or B MUST BE COMPLETED DEPENDING ON BUSINESS STRUCTURE TYPE

PART C MUST BE COMPLETED BY THE SURETY COMPANY

A OR B AND C MUST BE COMPLETED SMITH CONTRACTING

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 _____)
COUNTY OF _____) ss

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 _____)
COUNTY OF _____) ss

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 _____)
COUNTY OF _____) ss

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 _____
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: _____

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64217
St. Paul, MN 55164-0217
Phone: (651) 284-5034
Fax: (651) 284-5743

E-mail: DLI.License@state.mn.us
www.dli.mn.gov
PRINT IN INK OR TYPE

Manufactured Home Installer Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	\$2,500	

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Minnesota 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, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum annually of **TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500)** 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 & Industry and shall be in lieu of all other license bonds to any other political subdivision as provided in M.S. § 326B.86, subd. 1.

The condition of the above obligation is such, that whereas, the said Principal is licensed as a Manufactured Home Installer. The terms of this bond shall be continuous and maintained for so long as the licensee remains licensed and shall constitute a new obligation in the sum of **\$2,500** for each annual license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one annual license period shall in no event exceed the sum of **\$2,500**.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all work entered upon by him as a manufactured home installer within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect. This bond may be canceled as to future liability by the Surety upon 30 days written notice mailed to the commissioner by regular 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 N., St. Paul, MN 55155.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **March 31, 2013**. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. 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 annual total sum of **TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500)**.

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
PO Box 64217
St. Paul, Minnesota 55164-0217

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 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 _____