PROPOSAL BOND

KNOW ALL MEN BY THESE PRESENTS, that We, __________________________________________
___________________________________________, as Principal, and _____________________________________________
___________________________________________, as Surety, are jointly and severally held and firmly bound unto the State
of Minnesota, Department of Transportation, as Obligee, in the sum of five percent (5%) of the total amount of
the proposal price.

The CONDITION OF THIS OBLIGATION IS SUCH, that if the Principal shall be awarded a
contract, upon the accompanying proposal dated ___________________________ for the performance
of STATE PROJECT ________________________________________________________________
________________________________________________________________________________
and shall, within the time stated in the proposal, enter into a contract for the performance of the work
and give bond as required by law, then this obligation shall be void; otherwise, the Principal and
Surety shall pay unto the Obligee the amount of this bond, not as a penalty, but as liquidated
damages sustained by the Obligee as the result of such failure on the part of the Principal to execute
said contract and bond.

SIGNATURES

Date____________________, 20__________                      ___________________________________
(Name of Contractor/Principal)

By:_________________________________
(Officer)

By:_________________________________
(Officer)

__________________________________________
(Name of Surety)

By:________________________________________
(Attorney-in-Fact)

(Surety Corporate Seal)
ACKNOWLEDGEMENT IN A REPRESENTATIVE CAPACITY  
(Corporation, LLC, Partnership or Other Entity)

STATE OF _______________________
COUNTY OF _____________________

This instrument was acknowledged before me on _________________________ by _________________________________
(date)                                                                   (name)
and ______________________________ and _______________________________
(name)                                                                         (title)                                                                   (title)
of ________________________________________________________________.
(name and designation of party on behalf of whom the instrument was executed)

Notary Signature: ___________________________________________
Title: Notary
Commission Expiration:_____________________________________

(Notary Stamp/Seal)

ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY

STATE OF _______________________
COUNTY OF _____________________

This instrument was acknowledged before me on _________________________ by _________________________________
(date)                                                                   (name)
and ______________________________
(name)

Notary Signature: ___________________________________________
Title: Notary
Commission Expiration:_____________________________________

(Notary Stamp/Seal)
ACKNOWLEDGEMENT OF SURETY

STATE OF _______________________
COUNTY OF _____________________

This instrument was acknowledged before me on _________________________ by _________________________________
(date)                                                                   (name)
as Attorney-in-Fact of __________________________________________________________________________________.
(name of surety)

Notary Signature: ___________________________________________
Title: Notary
Commission Expiration:_____________________________________

(Notary Stamp/Seal)

NOTICE TO PERSONAL SURETIES: Bond will not be accepted unless accompanied by a sworn financial statement of each of the sureties.

NOTICE TO CORPORATE SURETIES: This bond will not be accepted unless executed by a Minnesota agent, or a duly licensed non-resident-producer, or attorney-in-fact whose name and address must be noted below.

Full Name of Surety Company
_____________________________________________________________________

Home Office Address (Street)
_____________________________________________________________________

City, State and Zip Code
_____________________________________________________________________

Name of Attorney-in-Fact
_____________________________________________________________________

Name of Local Agent and Agency or Non-Resident Producer and Agency
_____________________________________________________________________

Address of Local Agency or Non-Resident Producer Agency (street)
_____________________________________________________________________

City, State and Zip Code
_____________________________________________________________________

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Approved and filed ___________________________________________, 20______

Commissioner of Transportation
Pursuant to Delegation of Authority