



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation
Self-Insurance Regulation, MS-60
7551 Metro Center Dr., Ste 100, Austin, Texas 78744-1609
(512) 804-4775 FAX (512) 804-4776

SURETY BOND AMOUNT RIDER

Bond No. _____

WHEREAS, Surety Bond No. _____ has been submitted to and accepted by the Texas Department of Insurance, Division of Workers' Compensation, which Bond named _____ a _____ corporation
(Principal Company Name) (State)
with its principal place of business in the City of _____ State of _____
(City)
_____ as Principal and _____
(State) (Surety Company Name)
_____ as Surety; and

WHEREAS, the Commissioner of the Division of Workers' Compensation has called for an increase/decrease in the penal sum of the bond by the amount of _____
(Circle One)
_____ Dollars (\$ _____).
(Written Amount) (Decimal Amount)

NOW THEREFORE, in accordance with the provisions of said Bond, the penal sum thereof is now a total of _____
_____ Dollars (\$ _____).
(Written Amount) (Decimal Amount)

It is understood and agreed that said change shall be effective in accordance with the terms and limitations of said Bond for all past, present, existing and potential liability of the Surety for said Principal, as a certified self-insurer, without regard to specific injuries, date or dates of injuries, happenings or events.

It is further agreed and understood that this Bond shall be attached to and form a part of Bond No. _____, the Principal and the Surety hereby reaffirming all of their obligations and liabilities under said Bond as modified by this rider.

Signed, sealed, and delivered this _____ day of _____, _____.

FOR SURETY

Signature: Attorney In-Fact and/or Authorized Representative

Business Name

Printed Name/Title

Business Address

Telephone Number

City/State/Zip

SURETY BOND AMOUNT RIDER

Bond No. _____
Rider Date _____

ATTEST (Affix Seal Here)

Corporate Secretary of Surety

Printed Name

FOR PRINCIPAL

Signature: Attorney In-Fact and/or Authorized Representative

Business Name

Printed Name/Title

Business Address

Telephone Number

City/State/Zip

ATTEST (Affix Seal Here)

Corporate Secretary of Principal

Printed Name