



**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 with its principal place of business in the City of \_\_\_\_\_ State of \_\_\_\_\_ as Principal and \_\_\_\_\_ 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 \_\_\_\_\_ Dollars (\$ \_\_\_\_\_ ).

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

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  
\_\_\_\_\_  
Printed Name/Title  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Business Address  
\_\_\_\_\_  
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