



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 NAME CHANGE RIDER

Bond No. _____

WHEREAS, Surety Bond No. _____ submitted to and accepted by the
Commissioner of the Division of Workers' Compensation, which Bond named _____

_____ as Principal and _____

(Principal Company Name)

_____ as Surety; and

(Surety Company Name)

WHEREAS, the Principal has changed its name from _____

(Previous Principal Company Name)

_____ to _____

(Current Principal Company Name)

It is understood and agreed that said name change shall be effective in accordance with the terms and conditions 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 rider 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

ATTEST

(Affix Seal Here)

Corporate Secretary of Surety

Printed Name

SURETY BOND NAME CHANGE RIDER

Bond No. _____

Rider Date _____

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