Texas Department of Insurance
Division of Workers' Compensation
Self-Insurance Regulation • MS 60
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
(512) 804-4775 • (512) 804-4776 fax • www.tdi.texas.gov

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That _____ , a
Name of Principal

_____ corporation,
State of Incorporation

hereby makes, constitutes and appoints _____ its true and lawful
Name of Agent

attorney-in-fact, in its name, place and stead to execute and deliver to the Texas Department of Insurance, Division of Workers' Compensation any and all surety bonds, original or amended, required by the Texas Department of Insurance, Division of Workers' Compensation in order for the Principal to obtain or retain a certificate of self-insurance under the Texas Workers' Compensation Act.

Giving and granting to this attorney-in-fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as the principal might or could do if personally present, with full power of substitution, and hereby ratifying and confirming all that attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

This power of attorney shall be deemed valid unless and until Principal notifies the Texas Department of Insurance in writing at the Texas Department of Insurance, Division of Workers' Compensation office in Austin, Travis County, Texas that the authority hereby granted has been revoked or has terminated. Said notice shall be addressed to the Texas Department of Insurance, Division of Workers' Compensation and shall not be effective until actually received.

If this power of attorney is revoked or otherwise terminated, it shall not have the effect of terminating, restricting or otherwise modifying in any manner the Principal's obligation under any bond or bonds theretofore executed and delivered to the Texas Department of Insurance, Division of Workers' Compensation by the attorney-in-fact hereby appointed.

ACKNOWLEDGEMENT

The State of _____

County of _____

Executed this _____ day of _____ , _____ .

PRINCIPAL: _____
Name of Corporation

BY: _____
Authorized Signature(s)

_____
Printed Name/Title

ATTEST:

BY: _____
Corporate Secretary

This acknowledges before me on _____ , _____

by _____ , the _____
Name Title of Office

of _____ a _____ corporation,
Name of Principal State of Incorporation

on behalf of said corporation.

(Affix Seal Here)