

Mailing Address  
Self-Insurance Plans  
2265 Watt Avenue, Suite A  
Sacramento. CA 95825

**State. of California**  
**DEPARTMENT OF INDUSTRIAL RELATIONS**  
**SELF INSURANCE PLANS**  
**SURETY BOND OF SELF INSURER OF WORKERS' COMPENSATION**  
**(Labor Code Section 3701)**

**Certificate No.**

\_\_\_\_\_  
IN THE MATTER OF THE CERTIFICATE OF )  
 )  
 ) SURETY BOND  
 )  
 ) No.  
 ) RELEASE OF SURETY  
 )  
\_\_\_\_\_ )

KNOW ALL PERSONS BY THESE PRESENTS:

**THAT** \_\_\_\_\_ whose address for service is \_\_\_\_\_ as PRINCIPAL. and \_\_\_\_\_ whose *address* for service is \_\_\_\_\_, as SURETY, have requested termination of this Surety bond pursuant to paragraph 4 of the surety bond and Section 995.430(a)(c) of Chapter 2 of Title 14 of Part 2, of the Code of Civil Procedures.

**THE PRINCIPAL** has posted a replacement security deposit in the form of a

\_\_\_\_\_ (TYPE OF DEPOSIT, BANK NAME AND NO)  
for \_\_\_\_\_  
\_\_\_\_\_ (COMPANY)  
in the amount of \$ \_\_\_\_\_ under Labor Code Section 3701 and on to secure all of the principal's liability for the payment of compensation under Labor Code Section 3701 and on \_\_\_\_\_ this replacement security deposit was accepted by \_\_\_\_\_ (DATE)  
the Director of Industrial Relations.

**AS SET FORTH** in paragraph 6 of Surety Bond No \_\_\_\_\_, the Surety is hereby released fully discharged from all its obligations or liabilities under this surety bond on the date of acceptance of the replacement security deposit by the Director. Upon issuance of this Release of Surety form, this surety bond no longer represent any part of the security deposit posted for the principal's liability for the payment of compensation under Labor Code Section 3701.

Dated at Sacramento, California  
This \_\_\_\_\_ day of \_\_\_\_\_

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
FOR THE DIRECTOR

\_\_\_\_\_  
MARK B. ASHCRAFT, Manager  
Self-Insurance Plans

orig: SURETY  
cc: COMPANY