

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

IN THE MATTER OF THE CERTIFICATE OF _____)
)
) SURETY BOND
) NO.
) SPECIAL FORM CHANGE RIDER
 Employer, Certificate No _____)

RIDER is to be attached to and form a part of: _____ Surety Bond No. _____, effective date _____

Where in _____

WHEREAS, The Director of Industrial Relations has, to conform with the provisions of Labor Code Section 3700 et seq., as amended modified the form of surety bond required pursuant to said Labor Code Section.

NOW, THEREFORE, it is understood and agree, the Surety Bond No _____ is hereby modified to conform with the form of surety bond currently approved by the Director of Industrial Relations, and that the form of bond on file shall be as the bond attached as Exhibit "A" hereto, and not otherwise.

FURTHERMORE, it is understood and agreed that:

- 1) The above modification shall constitute a modification in form only, and under no circumstances shall modification be construed to constitute the posting of a substitute, supplemental or additional bond or security;
- 2) Under no circumstances shall the prior form of bond be constructed to be separate, "prior" or "original" bond;
- 3) The prior form of bond No. _____ shall be in all respects superseded and replace by Exhibit "A", shall bear the same bond number, as the prior form of the bond and shall constitute the total liability of the surety under the bond number.
- 4) The penal sum of said bond shall be \$ _____, as indicated on Exhibit "A" which amount shall constitute the total penal sum of the bond number _____.

IN WITNESS THEREOF, The Surety and the Director have caused their names to be signed, and this instrument is sealed by the respective parties thereunto duty authorized.

 Name of Surety

 Address

 City, State, Zip

THIS bond is executed under an unrevoked appointment of power of attorney.

I certify (or declare) under penalty of perjury under the laws of the State of California that I have executed the foregoing special form charge rider to the above-described surety bond under an unrevoked power of attorney.

Executed in _____ on _____
 (City/State) (Date)

 Signature of Attorney-in-Fact

 Printed or typed Name of Attorney-in-Fact

A copy of the transcript of record of the unrevoked appointment, power of attorney, bylaws, or other instrument, duly certified by the proper authority and attended by the seal of the insurer ending or authorizing the person who executed the board the bond to do so for and in behalf of the insurer, must be field in the office of the clerk of the county of Sacramento or must be included with this bond for such ____.

STATE OF CALIFORNIA
 DEPARTMENT OF INSUDTRIAL RELATIONS

 Date

 Manager, Self-Insurance Plans.