SURETY RIDER

TO BE ATTACHED TO AND FORM A PART OF BOND NUMBER _________________________________

EXECUTED BY ________________________________________________, AS PRINCIPAL,

AND BY ________________________________________________________, AS SURETY,

IN FAVOR OF THE COMMONWEALTH OF KENTUCKY, DEPARTMENT OF WORKERS’ CLAIMS;

(INCREASE/DECREASE) THE AMOUNT OF SAID BOND

FROM: __________________________________________________________

TO: ____________________________________________________________

The Surety agrees that the obligation of this endorsement and the above-referenced bond shall cover and extend to all past, present, future and potential Kentucky workers’ compensation liabilities of Principal, as a self-insured employer, to the sum herein named.

Nothing herein contained shall vary, alter or extend any provision or condition of the original bond except as herein expressly stated.

This rider is effective __________________________________________________________________________________________________

Signed and sealed this _________ day of _____________________________, 20______.

___________________________________________________
PRINCIPAL

BY: ______________________________________________

___________________________________________________
SURETY

BY: ______________________________________________