

**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKERS' CLAIMS
FRANKFORT, KENTUCKY 40601**

**ATTACHMENT TO
FORM NO. SI-03, 1/2004**

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: _____