STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
Workers' Compensation Division
350 Winter Street NE
P.O. Box 14480
Salem, OR 97309-0405

SURETY RIDER

To be attached to and form a part of bond number _____

executed by _____ ,

as Principal and by _____ ,

as Surety, in favor of _____ ,

and effective on the _____ day of _____ 20 _____ .

In consideration of the mutual agreements herein contained, the Principal and the Surety hereby consent to changing the (check one) ☐ **penal sum** ☐ **Principal** ☐ **penal sum and Principal**

from _____

to _____

For the purpose of the named Principal remaining self-insured in the State of Oregon, the Surety undertakes and agrees that the obligation of this endorsement and the above-referenced surety bond shall cover and extend to all past, present, existing, and potential liability of said Principal, as a certified self-insured employer, including the Principal's liability and obligations for any entity that is or has been approved by the department for inclusion in and included in a self-insurance certification in which the Principal has been included, to the extent of the penal sum herein named, without regard to specific injuries, happenings, or events.

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

This rider is effective on the _____ day of _____ 20 _____

Signed and sealed this _____ day of _____ 20 _____

Surety	Principal
Signature	Signature
Name and title	Name and title
Principal	Principal
Signature	Signature
Name and title	Name and title

Principal

Signature

Name and title

Accepted, but not as a substitute surety bond, this _____ day of _____ 20 _____
Department of Consumer & Business Services
Workers' Compensation Division of the State of
Oregon, **Obligee**

Signature

Name and title

OR

Accepted, as a substitute surety bond, this _____ day of _____ 20 _____
Department of Consumer & Business Services
Workers' Compensation Division of the State of
Oregon, **Obligee**

Signature

Name and title

OR

Accepted, as a substitute surety bond for all previous bonds, this _____ day of _____ 20 _____
Department of Consumer & Business Services
Workers' Compensation Division fo the State of
Oregon, **Obligee**

Signature

Name and title