

NORTH CAROLINA DEPARTMENT OF INSURANCE
RALEIGH, NORTH CAROLINA
ENDORSEMENT TO SURETY BOND OF SELF-INSURER
OF WORKERS' COMPENSATION

Now come _____ (hereinafter "Principal") and _____ (hereinafter "Surety"), for good and valid consideration and amend that surety bond No. _____ executed by them and dated _____, a copy of which is attached, and amend said bond by:

Change in Name of Principal from _____ to _____

Furthermore, nothing contained herein shall alter or modify any other terms, conditions or agreements of the above referenced surety bond except as specifically provided herein.

IN WITNESS WHEREOF, the Principal and Surety intending to be bound hereby have caused this surety bond to be executed, under seal, and attested by their duly authorized officers.

Signed and sealed this _____ day of _____.

ATTEST:

Signature of Officer

Type or Print Name

Type or Print Title

PRINCIPAL:

By: _____ (SEAL)
Signature of Officer

Type or Print Name

Type or Print Title

SURETY:

By: _____ (SEAL)
Attorney-In-Fact

Type or Print Name and Title

Sworn and Subscribed before me by above affiant this date shown above:

Signature of Notary Public

Name of Notary Public (Typed or Printed)

My Commission Expires: _____

This surety bond is executed under an unrevoked appointment or power of attorney. A copy of the transcript or record of the unrevoked appointment, power of attorney, bylaws or other corporate instrument, duly certified by the proper authority and attested by the seal of the Surety entitling or authorizing the person who executed the surety bond to do so for and on behalf of the Surety, must be included with this surety bond.