

MONTGOMERY COUNTY, MARYLAND
SOLID WASTE DISPOSAL/ COLLECTOR BOND RIDER
(Circle one) Bond Number: _____

_____, of _____, as
(Name of Principal) (Address)
Principal ("Principal"), and _____,
(Name of Surety)
of _____,
(Address of Surety)

as Surety, ("Surety"), on or about the ____ day of _____, 200__, executed a certain Bond known as Bond Number _____, in the amount of _____ Dollars (U.S. \$ _____), in favor of Montgomery County, Maryland, a body corporate and politic, as Obligee ("Obligee"), which Bond is generally described as a Solid Waste Disposal/ Collector Bond.
(Select one)

The Obligee requested Principal and Surety to (select one) increase/ decrease the amount of the said Bond to _____ United States Dollars (U.S. \$ _____), effective _____, 200__.

In consideration of an additional premium, it is hereby agreed by Principal, Surety, and Obligee that the amount of said Bond, to which this rider is attached and made a part thereof, is (select one) increased/ decreased to _____ United States Dollars (U.S. \$ _____).

The remaining terms and conditions of the Bond remain in full force and effect as originally executed.

This Rider is executed upon the express condition that the liability of Principal and Surety under the said Bond and this and all other riders or amendments thereto are not cumulative. In no event will the aggregated liability for any loss exceed the maximum Bond penalty in force during any portion of the loss. It is the intent of the parties to sign this Rider under seal so that it is a specialty agreement.

Signed, sealed, and dated this ____ day of _____, 200__.

Signed and Sealed in the presence of:

Witness Signature
(If Corporation, witness must be Corporate Secretary or Assistant Secretary; otherwise, witness' signature must be notarized.)

Principal (Print Name of Person or Corporation) (Seal)

Witness (Print Name and Title)

Signature of Person or Officer of Corporation
(If Corporation, President should sign; otherwise, evidence of authority must be provided.) (Seal)

Insurance Agent Contact:

Business Name _____
Agent Name _____
Address _____

Print Name and Title of above Officer

Phone _____ Fax _____

Address of Person or Corporation

Resident Agent _____

Name of Surety

Address _____

By _____ (Seal)
Attorney-in-Fact (Signature)

Attorney-in Fact (Print Name)