

**Illinois Workers’ Compensation Commission**

**Self-Insurer’s Surety Bond**

**GENERAL PURPOSE RIDER**

*To be attached to and form a part of the Self-Insurer’s Surety Bond*

Bond No.:

Executed by:      , as Principal (Employer),

and by:      , as Surety,

in favor of: Illinois Workers’ Compensation Commission, as Obligee.

In consideration of the mutual agreements herein contained the Principal and Surety hereby agree to the following changes:

Change Name From:

 To:

Change Amount From:       To:

Addition (A) and Deletion (D) of Principal (Employer)

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

**PRINCIPAL (EMPLOYER) CORPORATE SEAL** **SURETY CORPORATE SEAL**

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Signature of Principal’s representative Date Signature of Attorney-In-Fact Date

Name and title Name and title

Disclosure of this information is voluntary under the Illinois Workers’ Compensation Act, but failure to complete the form may prevent the IWCC from processing it.

*IC53* *4/2025* *wcc.selfinsurance@illinois.gov*