

Mail this and supporting documents to:
Solid Waste Financial Coordinator
Florida Department of Environmental Protection
2600 Blirstone Road MS 4548
Tallahassee, Florida 32399-2400

SURETY BOND RIDER

Facility name: _____ FDEP I.D. Number: _____

To be attached to and form part of _____ bond number _____, originally effective on _____, for _____, as Principal, and _____, as Surety(ies), in favor of the Florida Department of Environmental Protection (FDEP), as Obligee. It is understood and agreed that the bond is amended as follows:

(Check appropriate boxes below and complete.)

_____ Penal Sum from \$ _____ to \$ _____. Required Action amounts "Increase" or "Decrease"* are merged and related requirements of Rule 62-701.630(6), F.A.C., as amended, shall apply.

Change facility amounts* – _____ : \$ _____
(use this section only when bond covers multiple facilities) Facility name New facility amount
_____ : \$ _____
Facility name (use 'Other' section for additional facilities) New facility amount

* - Reductions of Penal Sum or Facility Amounts, in accordance with the terms of the bond and FDEP regulations, require prior written permission from the FDEP Tallahassee office. Authorization will be addressed to Surety or Surety's representative and will specify bond to be changed.

Change _____ name from _____
"principal" or "facility" to _____.

Change Co-surety Liability Limits to \$ _____ for _____ Surety Company
and \$ _____ for _____ Surety Company (use 'Other' section for additional Sureties).

Other: _____

Said Bond shall be subject to all its terms, conditions and limitations, except as herein expressly amended. This rider shall become effective on _____. This rider is executed on _____. IN WITNESS WHEREOF,

Surety Company(ies)
has caused its corporate seal to be hereunto affixed.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond rider on behalf of the Principal and Surety(ies).

Signature of Authorized Representative of Principal

Signature of Authorized Representative of Surety
Affix Surety Seal and Attach Power of Attorney

Type Name and Title

Type Name

Address of Authorized Representative

Telephone Number

E-mail Address