

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 \_\_\_\_\_, 20\_\_\_\_, 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 \_\_\_\_\_, 20\_\_\_\_.

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 \_\_\_\_\_, 20\_\_\_\_.

Signed and Sealed in the presence of: \_\_\_\_\_ (Seal)

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 \_\_\_\_\_  
 Resident Agent \_\_\_\_\_  
 Address \_\_\_\_\_

Address of Person or Corporation \_\_\_\_\_

Name of Surety \_\_\_\_\_  
 By \_\_\_\_\_ (Seal)  
 Attorney-in-Fact (Signature) \_\_\_\_\_

Attorney-in Fact (Print Name) \_\_\_\_\_

Please return form to: Jeanne Risher  
 Department of Environmental Protection  
 Division of Recycling and Resource Management  
 2425 Reddie Drive, Fourth Flr.  
 Wheaton, MD 20902

This form has been pre-approved as to form and legality by the Office of the County Attorney for Montgomery County, Maryland