1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5704



		BOND NUMBER:		
KNOW ALL MEN BY THESE PRESENTS that		, a corporat	ion incorporated under the laws of the State	
		, a corporation incorporated under the laws of the State of		
			um of dollars, to be	
paid to the State of South Carolina binding ou				
dated this day of	•	3 , ,	, ,	
WHEREAS,		South Carolina Workers' Cor	mpensation Commission its application for	
the privilege of paying compensation directly	without insuring under So	uth Carolina Code 42-5-20 (	1985).	
AND WHEREAS, the Commission on the	day of	, A.D, pas	ssed an order granting privilege continuously	
until cancelled upon condition that				
dollars and shall abide I	by the requirements of the	Act with reference to payin	g or furnishing compensation, medical or	
surgical services, etc., and the rules and regu	lations that are now or ma	ay be adopted by the Comm	ission.	
This bond shall take effect at 12:01 a.m. or	n the day of _	, A.D	, and shall remain in effect continuously	
until cancelled.				
NOW, THEREFORE, the condition of this ob	ligation is such that		shall abide by and perform all of the	
requirements of the Act and any amendments	s, as well as the rules and	regulations that are or may	be adopted by the South Carolina Workers'	
Compensation Commission respecting the par	yment of compensation to	its injured employees or the	e dependents of its killed employees, and the	
furnishing at its own cost the expenses of me	dical, surgical and other s	ervices, and funeral expense	es as provided in the Act, then this obligation	
shall be void.				
This Bond may be cancelled at any time by	the Surety upon giving six	xty (60) days written notice	to the South Carolina Workers' Compensation	
Commission, in which event the liability of the	e Surety shall, at the expir	ation of sixty days, cease an	d determine, except as to such liability of the	
Principal on account of injury or death to any	of its employees, as may	have accrued prior to the ex	piration of sixty days, it being understood	
that the Surety shall be liable, within the pen-	al sum mentioned above, f	for the default of the Princip	al in fully discharging any liability on its part.	
IN WITNESS, the employer has caused this	document to be signed by	y its President, and its corpo	rate seal attached, attested by its Secretary,	
and the Surety has likewise caused this docu	ment to be signed by its Pr	resident, and its corporate s	eal attached, attested by its Secretary.	
Attest:				
Witness as to Principal		Employer		
		Ву		
		President		
Address of Witness				
Attest:				
Witness as to Surety		Surety By		
		•	in a lossification of Country Country	
		President or Author	rized Officer of Surety Company	
Address of Witness				
I Comptent of	the employer comparation	cortifu that the receivities -	idented on the	
		•	dopted on the day of,	
A.D, the Board of Directors of the	e employer aforementione	d directed and empowered t	the execution of this bond. In witness sign	
and affix my official seal.				
			Secretary	

## South Carolina Workers' Compensation Commission SELF-INSURANCE DIVISION

1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5704



STATE OF SOUTH CAROLINA}	PROBATE WHERE EMPLOYER IS CO	DRPORATION	County
BEFORE ME, personally appeareds	and swore that ign, seal and deliver the Bond, and he		
SWORN and subscribed before me this			
Notary Public			
STATE OF SOUTH CAROLINA}	PROBATE WHERE EMPLOYER IS IN	IDIVIDUAL OR PARTNERSHIP	
BEFORE ME, the subscribing Notary Public, as principal, subscribed before me this day of			
Notary Public			
STATE OF SOUTH CAROLINA}	PROBATE AS TO SURETY	County	
BEFORE ME, the subscribing Notary Public	c, personally appeared as At		
Bond, and he subscribed his name as a witness.  SWORN and subscribed before me this	day of, A.D	<u></u> .	
Notary Public			