

MICHIGAN CONTINUOUS SURETY BOND

Bond No. _____

We, _____,
List all Self-Insured Employers as Principals
of _____,
as principal, and _____,
of _____,
a corporation duly incorporated under the laws of the state of _____ and authorized to do business
in Michigan, as surety, establish this surety bond in the sum of \$ _____
for payment to the Michigan Department of Labor and Economic Opportunity (Department), Workers'
Disability Compensation Agency (Agency).

The Agency grants the principal the privilege of self-insuring its workers' compensation liabilities
under the Michigan Workers' Disability Compensation Act (Act), MCL 418.611, effective 12:01 a.m.,
_____, 20 ____ by the Department.

As a self-insured employer, the principal shall pay its employees all workers' compensation
benefits that are due, or which may become due, under the Act, MCL 418.101 *et seq*, as a result of a
work-related disease, injury or death, with a personal injury date that occurs while it is self-insured.

If the principal, its heirs, executors, administrators (or its successors and assigns in case of a
corporation), discharges and pays all workers' compensation benefits with a personal injury date that
occurs during the effective period of this bond, then, this bond shall be void. Otherwise this surety
bond shall remain in full force and effect. Notwithstanding the number of claimants or the length of
time this bond is in effect, there shall be only one surety bond amount and the aggregate liability of
the surety shall not exceed the surety bond amount shown above.

This bond may be cancelled at any time by the surety upon giving 60 days notice to the principal and the Agency. The liability of the surety shall terminate at the expiration of the 60 days except that the surety shall be liable for workers' compensation benefits with a personal injury date that occurs during the effective period of this surety bond, and before the 60 day expiration date.

This surety bond shall be effective _____, 20 _____, until canceled.

Surety

Witness: _____

Print Name: _____

Title: _____

(Print name and address of Surety)

Signature: _____

Print Name: _____

Title: _____

Principal

Witness: _____

Print Name: _____

Title: _____

(Print name and address of Principal)

Signature: _____

Print Name: _____

Title: _____

Date: _____

AFFIDAVIT AND ACKNOWLEDGMENT OF SURETY

STATE OF _____)

COUNTY OF _____)

As a Notary Public, I certify that _____,
acting on behalf of the surety, personally appeared before me and that he or she is _____
of the _____ and that he or she is authorized to execute this surety bond pursuant to a power of
attorney of the company that is dated _____, a copy of which is attached; that the power of
attorney has not been revoked; that the company has complied with all the requirements of law
regulating the admission of such companies to transact business in the State of Michigan; and that the
company is solvent and fully able to meet promptly all of its surety obligations.

Subscribed and sworn to before me
this _____ day of _____, 20____

(Notary Public)

_____ County, Michigan

My commission expires _____.

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF MICHIGAN)

COUNTY OF _____)

Subscribed and sworn to before me
this _____ day of _____, 20____

(Notary Public)

_____ County, Michigan

My commission expires _____.