

**Instructions to Complete
Rider for General Use with Bond
Form P&SP-2100**

A rider amending a surety bond requires complete and correct information to be submitted to the Packers and Stockyards Program on form P&SP-2100.

If any information is missing or incorrect, the Packers and Stockyards Program will return the bond rider form to the principal or surety for completion or correction. If the trustee's signature has not been obtained, the regional office will obtain the trustee's signature, and will ensure that the trustee retains an original copy of the rider for his or her files.

Operating without proper registration and bond may subject the principal to a fine of not more than \$11,000 for each violation.

Mail two fully executed bond rider forms to the regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below their address.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration		
Eastern Regional Office Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 E-mail: PSPAtlantaGA.GIPSA@usda.gov	Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 E-mail: PSPDenverCO.GIPSA@usda.gov	Midwestern Regional Office Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 E-mail: PSPDesMoinesIA.GIPSA@usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, WV	AK, AZ, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, TX, UT, WA, WY	IA, IL, IN, KY, OH, MI, MO, MN, ND, NE, SD, WI

If you have any questions about the form or completing the form, please contact the regional office of the Packers and Stockyards Program listed above.

The Surety must complete line 1 through 14, as applicable, sign line 18, and complete lines 15 and 16.

The Principal must sign line 17.

If the bond names a trustee, the trustee must sign line 19.

Line No.	Subject	Instruction
1	Current Principal	Enter name of the principal. The name must match that listed on the original bond, or the most current as changed by a previous rider.
2	City and State of Principal	Enter the city and state where principal operates.
3	Surety	Enter the name of the surety company writing the bond.
4	Bond Number	Enter the original bond number (do not list rider numbers).
5	Bond Date	Enter the original effective date of the bond. This item should ALWAYS reference the date the bond was issued, NOT the date of the most current rider.
6	In Favor of	If a trustee is named on the original bond or added with a previous rider, enter the name of the trustee. If no trustee is named, leave this line blank.

Line No.	Subject	Instruction
7	Increase in Bond	Enter the amount of the bond before the increase and the amount of the bond after the increase.
8	Decrease in Bond	Enter the amount of the bond before the decrease and the amount of the bond after the decrease.
9	Change in Name of Principal	Enter the full name and address of the principal in the FROM section as it is stated on the original bond or previous rider, and the principal's current name and address in the TO section, as changed.
10	Change in Name of Trustee	Enter the full name and address of the former (previous) trustee in the FROM section, and the full name and address of the successor (current) trustee in the TO section.
11	Add Clearing Services	Check the appropriate box to indicate if the rider adds clearing services to the bond (Condition Clause 3 on form P&SP-2000).
12	Delete Condition 3 from Agreement	Check the appropriate box to indicate if the rider deletes clearing services from the bond (Condition Clause 3 on form P&SP-2000).
13	Add Clearee to Clause 3	Enter the full name(s) and address(s) of the clearee(s) being added to the bond.
14	Delete Clearee from Clause 3	Enter the full name(s) and address(s) of the clearee(s) being deleted from the bond.
15	Rider Effective Date	Enter the effective date of the rider.
16	Signed and Dated	Enter the date that the rider was signed and dated by the surety.
17	Principal Signature	Enter the name of the principal. The rider MUST be signed by someone with the authority to sign on behalf of the principal. For example, if the principal is a corporation, a responsible owner or officer must sign; if the principal is a partnership, one of the partners must sign.
18	Surety Signature	Enter the name of the surety. The rider MUST be signed by someone with the authority to sign on behalf of the surety. In addition, the surety must attach a current POWER OF ATTORNEY for the person signing the rider. The date of the Power of Attorney must be equal to or prior to the effective date of the rider.
19	Trustee Signature	Enter the name of the trustee. If a trustee is named, the trustee, or someone authorized to sign on behalf of the trustee, must sign the rider.

U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM	RIDER FOR GENERAL USE WITH BOND Required Under the Packers and Stockyards Act, 1921, as Amended and Supplemented
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Know all that **(1)** _____
 (Name of Current Principal)

_____ of **(2)** _____,
 (City, State)

as Principal, and **(3)** _____
 (Name of Surety)

as Surety, issued bond number **(4)** _____, dated **(5)** _____,

in favor of **(6)** _____,
 (Name of Trustee)

as Trustee.

In consideration of the premium charged for the above-described bond, Principal and Surety agree to amend the bond as follows:

Complete the applicable clause(s) set out below:	
7. Increase in Bond	The bond identified above is increased FROM: \$ _____ TO: \$ _____
8. Decrease in Bond	The bond identified above is decreased FROM: \$ _____ TO: \$ _____
9. Change in Name of Principal	The name and address of the Principal, as given on the bond identified above, are changed FROM _____ (Name and Address) _____ TO _____ (Name and Address) _____
10. Change in Name of Trustee	The name and address of the Trustee, as given on the bond identified above, are changed FROM _____ (Name and Address) _____ TO _____ (Name and Address) _____
11. Add Clearing Services	The bond identified above is amended to add Condition 3, Clearing Services. <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Delete Clearing Services	The bond identified above is amended to delete Condition 3, Clearing Services. <input type="checkbox"/> Yes <input type="checkbox"/> No

13. Add Clearee to Clause 3	The name(s) of: _____ <div style="text-align: center; font-size: small;">(Name and Address)</div> _____ _____ _____ is (are) hereby added as clearee(s) to the bond identified above.
14. Delete Clearee from Clause 3	The name(s) of: _____ <div style="text-align: center; font-size: small;">(Name and Address)</div> _____ _____ _____ is (are) hereby deleted as clearee(s) from the bond identified above.

PROVIDED, however, that the identified bond above shall be subject to all its agreements, limitations, and conditions except as herein expressly modified, and further that this bond and all riders attached thereto, including this rider, shall not be cumulative, and when loss shall occur under this bond during a period of time within which the penalty of the bond shall vary, the aggregate liability of Surety shall in no event exceed the largest penalty of this bond in force during the period of time within which such loss shall occur under this bond.

15. This rider shall become effective as of the _____ day of _____, 20____.

16. Signed and dated this _____ day of _____, 20____.

17. (Name of Principal)	(Signing on Behalf of Principal)
18. (Name of Surety)	(Signing on Behalf of Surety)
19. (Name of Trustee)	(Signing on Behalf of Trustee)

20. Optional Additional Notes from Surety (for example special State requirements)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0015. The time required to complete this information collection is estimated to average 1 hour 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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