

Completion of the Renewable Bonds

Requirements for Authorized Signers

- The individual signing for the contractor must be listed as an authorized signer from the pre-qualification process.
- The signer's printed name must match exactly as shown on the authorized signers list.
- Using a different version of the name will result in delays and email confirmation requests from the Contracts team.

Performance and Payment Bonds

Both the contractor and the surety company must complete these pages

Contractor Responsibilities

- The authorized signer must:
- Print their name.
- Sign their name.
- Write their title on the line provided.

Image 1 – Signature section of the renewable Special Performance and Payment Bonds.

COMPANY NAME	
John D. Doe	
PRINTED Name	
*By: John D. Doe	President
(Signature)	(Title)
PRINTED Name	
*By:	(Signature) (Title)
SURETY (Print Firm Name and Seal)	
*By:	(Title)
SURETY (Print Firm Name and Seal)	
*By:	(Title)

Surety Company Responsibilities

- Bond number(s) must be handwritten in the top right corner of each required bond page.

Image 2 – Heading of the Special Performance Bond Header where the bond number is written in.

SPECIAL PERFORMANCE BOND FOR ROUTINE MAINTENANCE CONTRACT	CONTRACT NO.	0X0XX00X
	COUNTY	XXXXX
	BOND NO	ABC1234

- The surety company's name must be printed on the left-hand side at the bottom of the page.
- The Attorney-in-Fact (AIF) must:
 - Sign their name on the signature line.
 - Print their name under the signature line.
 - Write their title.
- Date the document next to "WITNESS our hand this,"
- This date must match the date on the Power of Attorney (POA)

Image 3 – Lower part of the bond page where the company and surety company fill out the information.

WITNESS our hand this, <u>1st</u> day of <u>April</u> , 20 <u>26</u> .	
COMPANY NAME	
_____ PRINTED Name	Name of Surety Company _____ SURETY (Print Firm Name and Seal)
*By: _____ (Signature) (Title)	*By: <u>Jane J. Doe</u> Attorney-in-Fact (Title) Jane J. Doe
_____ PRINTED Name	_____ SURETY (Print Firm Name and Seal)
*By: _____ (Signature) (Title)	*By: _____ (Title)
	_____ SURETY (Print Firm Name and Seal)
	*By: _____ (Title)

Power of Attorney Requirements

The AIF must provide a POA that meets all the following:

- The POA must list the same surety company name shown on the bond pages.
- The AIF's name must appear on the POA.
- The POA date must match the date written on the bond pages.
- The raised seal must show the correct surety company name.
- The surety company must staple the POA and claims page to the back of:
- The bound contract book
- The conformed copy (stapled packet)

This ensures all required information is available if a claim must be filed.

Example of POA below:

Image 4 – Example copy of a POA that must accompany all bonds.

Direct Inquiries, Bond Authenticity and Claims to:
THE HARTFORD
 BOND, T-14
 One Hartford Plaza
 Hartford, Connecticut 06155
Bond.Claims@thehartford.com
 call: 888-266-3488 or fax: 860-757-5835

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT: Agency Name: VTC INSURANCE GROUP
 Agency Code: ~~XXXXXXXXXX~~

☒ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
☒ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
☒ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana

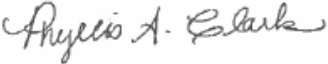
having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:
~~Phyllis A. Clark, Joelle L. LaPierre, Brian Foxman, Wendy B. Hingdon, Reagan B. Hingdon, Susan L. Smith, Robert E. Roberts, GRV, Hartford~~

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒ and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.






 Phyllis A. Clark, Assistant Secretary


 Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA }
 COUNTY OF SEMINOLE } ss. Lake Mary

On this 1st day of March, 2024, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



 Mariluz Ace
 My Commission IIII 287363
 Expires July 13, 2026

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of March 25th, 2026.

Signed and sealed in Lake Mary, Florida.






 Keith D. Dozois, Assistant Vice President



Revised July 11, 2014

Example of Claims sheet below:

Image 5 – Example of a claim sheet that must go with all POA.

IMPORTANT NOTICE	AVISO IMPORTANTE
To obtain information or make a complaint: You may contact your agent. You may call Hartford Insurance Group at the toll free telephone number for information or to make a complaint at: 1-800-392-7805 You may also write to The Hartford: The Hartford Hartford Financial Products 2 Park Avenue, 5th Floor New York, New York 10016 1-212-277-0400 You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at: 1-800-252-3439 You may write the Texas Department of Insurance P.O. Box 149104 Austin, TX 78714-9104 Fax Number (512) 475-1771 Web: http://www.tdi.state.tx.us E-mail: ConsumerProtection@tdi.state.tx.us	Para obtener informacion o para someter una queja. Puede comunicarse con su agente. Usted puede llamar al numero de telefono gratis de The Hartford Insurance Group para informacion o para someter una queja al 1-800-392-7805 Usted tambien puede escribir a The Hartford. The Hartford Hartford Financial Products 2 Park Avenue, 5th Floor New York, New York 10016 1-212-277-0400 Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al: 1-800-252-3439 Puede escribir al Departamento de Seguros de Texas P.O. Box 149104 Austin, TX 78714-9104 Fax Number (512) 475-1771 Web: http://www.tdi.state.tx.us E-mail: ConsumerProtection@tdi.state.tx.us
PREMIUM OR CLAIMS DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.	DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con su agente primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).
ATTACH THIS NOTICE TO YOUR POLICY: This notice is for your information only and does not become a part or condition of the attached document.	UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

F-4275-1, /TX4275-1
HR 42 H006 00 0807

If you have any questions, please reach out to the contract team at email address CST_Contracts@txdot.gov for further assistance.