



Department of Labor and Training  
 Workers' Compensation Self-Insurance Unit  
 P.O. Box 20190, Cranston, RI 02920-0942  
 Telephone: (401) 462-8100, Fax: (401) 462-8095

**SURETY BOND EXTENSION AGREEMENT**

Know All Men By These Presents: That \_\_\_\_\_ residing (or having its' principal office) at \_\_\_\_\_ as Principal, and \_\_\_\_\_ Insurance Company, a corporation of the State of \_\_\_\_\_, and duly authorized to do business in the State of \_\_\_\_\_, as Surety, in a certain Workers' Compensation Self-Insurers Bond numbered and identified as \_\_\_\_\_ dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the penalty sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) in favor of the State of Rhode Island (Department of Workers' Compensation or Department of Labor or Department of Labor & Training as successor in law) by the execution hereof, do hereby extend the obligation of said bond for an additional term of \_\_\_\_\_ months or \_\_\_\_\_ year (s) from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, **Provided**, however, that said bond, as hereby extended, shall be subject to all of it's' terms and Conditions, except as herein modified, and the liability of said \_\_\_\_\_ Insurance Company under said bond and any and all extensions thereof shall in no event exceed in the aggregate the above named penalty for the payment of the Principal's compensation benefits and services under Chapter 33 and 34 of Title 28.

Signed, and sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESS:

\_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ (seal)  
 principal

\_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ (seal)  
 Principal

By: \_\_\_\_\_  
 A partner

CORPORATION: \_\_\_\_\_

ATTEST:

\_\_\_\_\_ By: \_\_\_\_\_  
 (title)

\_\_\_\_\_ Insurance Company Representative

\_\_\_\_\_ Attorney – in – fact