



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

**CERTIFICATE**

The undersigned certifies that he/she is the Secretary of \_\_\_\_\_, a corporation organized and existing under the laws of \_\_\_\_\_; that he/she has the custody and control of the corporate seal and the corporate records, including the minutes of meeting of said Corporation; that pursuant to action of the Board of Directors or other policy making body with/without a meeting, the following resolutions were adopted effective as of \_\_\_\_\_ by all of the directors of the Corporation or governing body.

RHODE ISLAND WORKERS' COMPENSATION SELF-INSURANCE

**RESOLVED**, that \_\_\_\_\_, organized under the laws of the State of \_\_\_\_\_, authorizes its' wholly owned subsidiary, \_\_\_\_\_, to seek application to self-insure workers' compensation liabilities in the State of Rhode Island; and

**FURTHER RESOLVED**, that the Chairperson of the Board, President, Vice President, and all other officers are severally authorized to execute and deliver any and all documents which may be required by the State of Rhode Island on behalf of \_\_\_\_\_ in connection with the foregoing.

The undersigned further certifies that the foregoing resolutions have not been rescinded or changed, but are now in full force and effect.

IN WITNESS WHEREOF, the undersigned has hereunto signed his name and affixed the seal of said \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

SIGNED \_\_\_\_\_  
 Secretary