



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

\*\*FORMAT WE, (DEPT. OF LABOR & TRAINING) WANT SUBJECT TO PRIOR NEGOTIATION WITH BANK AND ACCOUNT HOLDER (SELF-INSURED); MAY BE AMENDED WITH PRIOR DISCUSSION OF DEPARTMENT AND LENDER

**STANDBY LETTER OF CREDIT**

**DATED:** \_\_\_\_\_

Beneficiary: \_\_\_\_\_  
 Director of Rhode Island Workers' Compensation  
 RI Department of Labor and Training  
 1511 Pontiac Avenue, PO Box 20190  
 Cranston, RI 029020-0942

Dear Sirs:

We hereby establish our irrevocable credit in your favor for account of: \_\_\_\_\_

Available by your Draft(s) drawn at sight on up to the aggregate amount of \$ \_\_\_\_\_ US Dollars.

Your Draft(s) are to be accompanied by the original of this letter of credit, with any amendments thereto; OR certified true copies made by the Department of Labor and Training signed by the Director, OR Administrator for Self-Insurance will be as an Original; PLUS a Beneficiary-Signed statement certifying: "The amount of the Draft(s) represents funds due for Workers' Compensation claims incurred and/or arising out of the period covered by the issuance of or the renewal of a certificate of Self-Insurance beginning \_\_\_\_\_ and ending \_\_\_\_\_ and as extended as a result of a failure or inability of \_\_\_\_\_ to pay or to reserve such claims; or the cancellation of this letter thus necessitating call of funds to have surety at the disposal of the Director."

It is a condition of the Letter of Credit that it shall be automatically extended without amendment for an additional year from the present or future expiration date hereon unless 30 Days prior to the expiration date in any one of the said years we notify you that we not elect to extend the credit. In the event this letter of credit is not extended, you may draw under the credit by your Draft(s) at sight accompanied by the foregoing statement.

Drafts must be drawn and presented to us at our counters on or before, or any extended date.

Drafts drawn under this credit must bear on their face the clause:  
 "Drawn under Credit Number \_\_\_\_\_, Dated \_\_\_\_\_."

We hereby agree with you that all drafts drawn and in compliance with the terms of this credit will be duly honored upon presentation to the drawee.

AUTHORIZED SIGNATURE: \_\_\_\_\_

NOTE: A direct L/C Guideline – Wording may be tailored to individual; Standard clauses RE Federal Banking Law to be included.