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

Claims Loss Summary Report

Year of Injury	Insured or Self Insured "I or SI "	TOTAL INDEMNITY PAID	TOTAL MEDICAL PAID	TOTAL EXPENSES PAID	TOTAL PAID	TOTAL CASE RESERVES	TOTAL INCURRED
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
					$		$
Total Self-Insured Years		$	$	$	$	$	$
Total Last 3 years							
Grand Total		$	$	$	$	$	$

NOTES:

CASE RESERVES MUST INCLUDE **ALL EXPENSES INCLUDING LEGAL**

THIS REPORT SHOULD SHOW TOTALS ONLY

THIS SUMMARY REPORT SHOULD SHOW CLAIMS EXPERIENCE FOR **ALL** SELF-INSURED YEARS AND AT LEAST 3 YEARS (EVEN IF SOME ARE INSURED)

A COMPLETE REPORT ON ALL CLAIMS MUST BE INCLUDED WITH THE SUMMARY REPORT

RI SI-14a (March 2012)

DLT is an equal opportunity employer/program - auxiliary aids and services available upon request. TTY via RI Relay: 711