



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

SELF-INSURANCE AGREEMENT
 CONTINUATION, EXTENSION and/or AMENDMENT

The Agreement in force between _____, a Rhode Island self-insured and the Rhode Island Department of Labor & Training commencing _____ (month) _____ (day) of _____ shall be (continued) (extended) (amended) or (other) _____ as follows _____ up to and including midnight, _____ (month) _____ (day) of _____.

WITNESS _____

SIGNED _____

By _____

TITLE _____

DATED _____

DEPT. OF LABOR & TRAINING of the
 STATE OF RHODE ISLAND

WITNESS _____

SIGNED _____

By: Matthew P. Carey, III
 TITLE: Assistant Director

DLT is an equal opportunity employer/program. Auxiliary aids and services are available on request to individuals with disabilities.
 TTY via RI Relay 711