



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

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The undersigned further certifies that the foregoing resolutions have not been rescinded or changed, but are now in full force and effect.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