

RENEWAL APPLICATION
FOR APPROVAL OF
WORKERS' COMPENSATION
SELF-INSURANCE PROGRAM



STATE OF RHODE ISLAND
DEPARTMENT OF LABOR & TRAINING
RI WORKERS' COMPENSATION SELF-INSURANCE
PO BOX 20190
CRANSTON, RI 02920-0942
TELEPHONE (401) 462-8100
FAX (401) 462-8095
TDD (401) 462-8084

SECTION I

Applicants Name

Street Address

City or Town

State

Zip Code

Telephone

Name and Address of Business in Rhode Island (if different from above):

The above business hereby requests authorization to make payments of compensation directly to injured employees in accordance with and pursuant to provisions of the General Laws of Rhode Island, Title 28, Chapters 29-38, inclusive, as amended.

In support of this application, the said business submits the following information:

1. State of Incorporation: _____

2. Principal Rhode Island business activity: _____

3. Date of qualification to do business in Rhode Island: _____

4. OFFICERS: Name:

Residence Address:

President: _____

Vice-Pres: _____

Secretary: _____

Treasurer: _____

5. Total number of persons employed or assigned to offices, agencies, or places of business within Rhode Island: _____

6. Name, Address, and Telephone Number of Agent for Service of Process in **RHODE ISLAND**:

SECTION II

1. The most recent corporate year-end financial statement; the annual report of stockholders; and a copy of the Rhode Island Business Tax Return.
2. Loss experience from **inception date** of self-insurance to include:
 - A listing of claims experience to include: number of claims by medical only and lost work-day cases; expenditures to date; and reserves for all outstanding and anticipated claims. The losses are to be at a valuation date no later than one (1) month prior to application. **APPLICANT MUST BE DAY TO DAY ON RESERVES FOR CLAIMS.**
 - A narrative of any loss paid or outstanding greater than \$10,000. Such narrative to include date of injury, cause of loss, medical diagnosis, prognosis for return to work, details of any litigation pending, and if the claim has been reported to the excess carrier.
 - **FEASIBILITY STUDY OR STUDIES FROM SOURCES SUCH AS ADVISORS, AGENTS, BROKERS OR ACTUARIAL SERVICE MAY BE CALLED FOR AT EXPENSE OF APPLICANT.**
3. Method of Administration:
 - A. Are you contemplating a change in claims handling service?
 - NO CHANGE can be made on claims handling services without the Department's permission. The company must be approved, and their personnel must be certified by the Department before the expiration of current expiration.
 - Claims processing and payments may be allowed by the Department's Self-Insurance Unit for non-licensed individuals and internally by the individual self-insured company personnel (and/or Parent personnel) IF SUCH PERSONNEL HAS BEEN APPROVED AND CERTIFIED BY THE SELF-INSURANCE UNIT. Such personnel must meet requirements of the Department to include but not limited to minimum once a year update refresher claims class work and testing by the Department. ONLY CERTIFIED PERSONNEL CAN PROCESS RI CLAIMS FOR A SELF-INSURED.
 - B. Who provides legal services for WC Court in RI?
 - C. Are you contemplating any change in management, or a reduction or expansion of business activities in RI?
 - Proposed Acquisition: Any additional liability for workers' compensation contemplated must be approved by the Director or designee prior to implementation and inception into the self-insurance program. The Department will need new acquisition's loss information, payrolls, and financial information before approval can be given.
 - D. You must report recent or current EPA allegations, lawsuits, violations and abatements.
4. The following information must be submitted on or before the expiration date of current self-insured certification:
 - A. Proof of surety renewal.
 - B. Proof of excess policy renewal.
 - C. Proof of general liability policy renewal.

CERTIFICATION

This certification must be executed and the application must be sworn to before a person authorized to administer oaths.

I, the undersigned, Treasurer (or other duly authorized officer) of the corporation or company for which this application is made, hereby certify that I have personal knowledge of the statements and other information constituting this application, that the same are true, correct, and complete to the best of my knowledge and belief, and that this application is made under the penalty of perjury.

Date: _____

Signature of Treasurer or other duly authorized officer
(title)

Subscribed and sworn to before me this _____ day of _____, _____

NOTARY PUBLIC