



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

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
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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