

DEPARTMENT OF LABOR

KNOW ALL PERSONS BY THESE PRESENTS, that
as Principal, and, a corporate
surety company authorized to do business in the State of Vermont, as surety, are holden and stand
firmly bound and obliged unto the State of Vermont, Department of Labor in the full and just sum of
\$, to the true payment whereof we bind ourselves, our heirs,
administrators, executors, successors and assigns, jointly and severally, by these presents.
WHEREAS, the Principal has requested that the Vermont Department of Labor grant permission to
continue/begin (cross out as appropriate) a Self-Insurance Workers' Compensation Program and
whereas the Commissioner has granted permission to continue/begin self-insured status provided that
the Principal furnish a Self-Insured Workers' Compensation Bond in the sum of
\$ and whereas in compliance with this condition, the Principal
furnished the bond as stated herein.
NOW, THEREFORE, the condition of this obligation is such that if the Principal complies with all the
requirements of a Self-Insurer of Workers' Compensation then this obligation shall be void otherwise
to remain in full force and effect.
PROVIDED, HOWEVER, the surety acknowledges that if the Principal fails to comply with the
requirements for a Self-Insurer of Worker Compensation then all sums payable hereunder shall be
payable upon demand in writing to the surety by the Commissioner, State of Vermont, Department of
Labor.

PROVIDED ALSO, upon written approval of the Commissioner, the surety herein shall have the right

Department of Labor at le	east ninety (90) days wri	tten notice. However, tern	nination of this bond by
surety shall not relieve it	of its obligations hereur	nder to said employees for	any work injury which
occurs during the period the	his bond is in effect.		
SIGNED, SEALED A	ND DATED this	day of	
EFFECTIVE this	day of	, 20	<u> </u>
BY:			
BY:			
BY:			

to cancel this bond at any time upon giving the Principal herein and the Commissioner, Vermont