



State of Rhode Island and Providence Plantations
 Department of Labor & Training
 Workers' Compensation Self-Insurance Unit
 P.O. Box 20190
 Cranston, RI 02920-0942
 Telephone: (401) 462-8100
 Fax: (401) 462-8095

SURETY BOND EXTENSION AGREEMENT

Know All Men By These Presents: That _____ residing (or having its' principal office) at _____ as Principal, and _____ Insurance Company, a corporation of the State of _____, and duly authorized to do business in the State of _____, as Surety, in a certain Workers' Compensation Self-Insurers Bond numbered and identified as _____ dated the _____ day of _____, _____, in the penalty sum of _____ dollars (\$ _____) in favor of the State of Rhode Island (Department of Workers' Compensation or Department of Labor or Department of Labor & Training as successor in law) by the execution hereof, do hereby extend the obligation of said bond for an additional term of _____ months or _____ year (s) from the _____ day of _____, _____, **Provided**, however, that said bond, as hereby extended, shall be subject to all of it's' terms and Conditions, except as herein modified, and the liability of said _____ Insurance Company under said bond and any and all extensions thereof shall in no event exceed in the aggregate the above named penalty for the payment of the Principal's compensation benefits and services under Chapter 33 and 34 of Title 28.

Signed, and sealed and dated this _____ day of _____, _____.

WITNESS:

_____ INDIVIDUAL _____ (seal)
 principal

_____ PARTNERSHIP _____ (seal)
 Principal

By: _____
 A partner

CORPORATION: _____

ATTEST:

_____ By: _____
 (title)

_____ Insurance Company Representative _____ Attorney – in – fact