

ILLINOIS WORKERS' COMPENSATION COMMISSION SELF-INSURER'S AGREEMENT TO POST LETTER OF CREDIT SCHEDULE OF SUPPLEMENT

To be attached to and form a part of the Self-In	surer's Agreement to Post Letter of Credit	Date:
Employer Name:		
Address:		
<u>Issuing Bank</u>		
Name:		LOC No.:
Address:		Amount \$:
Confirming Bank		
Name:		Confirmation No.:
Address:		
Whereas, the Employer has previously entered in Schedule is attached; and	nto a Self-Insurers Agreement to Post Letter of	Credit ("Agreement") to which this
Whereas, the Employer wishes to supplement or Workers' Compensation Commission ("Commisother schedule(s) attached thereto.		
Now, therefore, as a condition of its continued q as a former self-insurer, the Employer is deposit Commission under the number listed above and above (if any). The Employer agrees that the Lesame terms and conditions and for the same purposes.	ing with the Commission the irrevocable Letter the confirmation of the Letter of Credit issued tter of Credit and the Confirmation (if any) sha	r of Credit issued in favor of the under the confirmation number listed
The Employer acknowledges that as of the date the terms and conditions of the Agreement.	above the following Letter(s) of Credit are being	ng held by the Commission subject to
NAME OF ISSUING BANK	LETTER OF CREDIT NUMBER	AMOUNT
EMPLOYER CORPORATE SEAL	TOTAL AMOUNT OF LETTERS OF CREDIT:	
	Signature of Employer's representa	tive Date
	Name and title	
This Agreement is approved by the Illinois Workers' Compensation Commission	Chairman	Dete
	Chairman	Date