

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

Calculated Security Requirement

				Amount	Source
Security Based on Ca	se Reserves				
(1) Case Reserves (All Self-Insured Years)					RI SI-14a
(2) Case Reserve Multiplier					Regulation
(3) Security I	es			_(1) x (2)	
Minimum Security fo	r all Self-Insurers				
(4) Minimum	nsurers		500,000	_Regulation	
Minimum Security fo	r New Self-Insurers				
(5) Number of Years Self-Insured					
(6) Total Incurred Losses in Past 3 Years					RI SI-14a
(7) Projected Annual Losses					(6) x 2 / 3
(8) Minimum Security for New Self-Insurers					$[(5) +1] \times (7)$
Unadjusted Calculate	d Security				
(9) Unadjusted Calculated Security				500,000	Maximum of (3),(4),(8)
SIR Adjustment					
(10) Maximum SIR over past 3 years					Provided by self-insurer
(11) SIR Mult	_			Based on (10) & limit chart	
Limit C	hart				
	SIR RANGE			Additional Security Required	
\$	- \$	499,999	0	None	, ,
\$	500,000 \$	749,999	2	times (SIR- \$350,000)	
\$	750,000 \$	999,000	3	times (SIR- \$350,000)	
\$	1,000,000 \$	10,000,000	4	times (SIR- \$35	· ·
(12) SIR Adjustment					[(10)-350,000] x (11)
Calculated Security	Adjusted for SIR				
(13) Calculated Security Adjusted for SIR				500,000	(9) + (12)

RI SI-15 March 1, 2012