



Commonwealth of Massachusetts
Department of Industrial Accidents - Office of Insurance
2 Avenue de Lafayette Boston, MA 02111

GUARANTY BY PARENT COMPANY

WHEREAS _____, a _____
_____ organized under the laws of the State of _____
With a principal place of business at _____, has made application
to the Department of Industrial Accidents of the Commonwealth of Massachusetts (the
Department') to be licensed or re-licensed as a Self-Insurer;

WHEREAS the controlling interests of said prospective self-insured _____
_____ are owned by _____, a _____
_____ organized under the laws of the State of _____, with
its' principal office at _____
_____;

NOW, THEREFORE, in consideration of the granting by the Department of said license to
said prospective self-insured _____,
said prospective self-insured _____, and any and all
of its successors or assigns, hereby guarantee all payments as may now or hereafter be required of
said prospective self-insured _____
_____,
and/or any and all of its' successors or assigns, pursuant to the Massachusetts Workers'
Compensation Act and any amendments or supplements thereto, any Industrial Accident Board
decision, judgement of any Massachusetts' court, or any agreement into which said prospective
self-insured _____ and/or any and all of its'
successors or assigns, or the subsidiary and/or any and all of its' successors or assigns, may enter
pursuant to said Act.

IN WITNESS WHEREOF, said _____, on behalf of said
prospective self-insured _____, has
caused this instrument to be executed by one or more of its' officers, and its' corporate seal to be
hereunto affixed and attested by its' Secretary this ____ day of _____, 20 ____
_____, and warrants that any and all votes required to affirm this guaranty by said prospective self-
insured _____ have been obtained.

BY: _____

ATTEST: _____

BY: _____

TITLE: _____