



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



**Reinsurance Form**

Self-Insurer \_\_\_\_\_

Reinsurer \_\_\_\_\_

Contract Period from \_\_\_\_\_ to \_\_\_\_\_

Contract is a  
Catastrophe Policy \_\_\_\_\_ Policy No. \_\_\_\_\_

Aggregate Excess \_\_\_\_\_

Self-Insurer's Retention \_\_\_\_\_

Maximum Liability of Reinsurer \_\_\_\_\_

The contract contains the following conditions:

- 1) It is understood and agreed that any money received by the Self-Insurer under the provisions of this contract shall be deposited in such bank, or with the Commonwealth of Massachusetts Treasurer and Receiver General of the Commonwealth, as the Department of Industrial Accidents may determine, and any such money shall be held in trust for the payment of any liabilities incurred by the Self-Insurer under Massachusetts General Laws Chapter 152, and no use or disposition of any such money shall be made without the approval of the Department of Industrial Accidents. It is further understood that no such money shall be assignable or subject to attachment or be liable in any way for the debt of the Self-Insurer unless incurred under MGL Chapter 152.
- 2) It is understood and agreed that if any party to this contract desires to cancel this contract, such cancellation shall not become effective for a period of at least thirty days following notice to the Director of the Department of Industrial Accidents of the Commonwealth of Massachusetts, by registered mail, of said cancellation.
- 3) No commutation of any liability incurred by the Self-Insurer under said Chapter 152 during the period this contract is in effect shall be made without the approval of the Department of Industrial Accidents of the Commonwealth of Massachusetts.

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| _____, Reinsurer<br>By its duly authorized representative<br><br>Name: _____<br><br>Title: _____<br><br>Signature: _____ |
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| _____, Self-Insurer<br>By its duly authorized representative:<br><br>Name: _____<br><br>Title: _____<br><br>Signature: _____ |
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