

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

IRREVOCABLE LETTER OF CREDIT

TO: Missouri Department of Labor and Industrial Relations (Beneficiary)

Division of Workers' Compensation

P.O. Box 58

Jefferson City, MO 65102-0058

Amount U.S. \$	Latter of Cook		
Date of Issuance	Letter of Cred	it line	
At the Request of			
Doing business as			
of We hereby issue our irrevocable letter of credit in	State of favor of the Missouri Department of Labor and Industrial R	Relations, Division of	
Workers' Compensation, in the sum ofdemand for payment.	dollars (\$) available by you	
there has been a default in that alternative security of the letter of credit or that the payment of a final	must be accompanied by a written order of the Division of y has not been posted with the division at least thirty (30) do Workers' Compensation award to any and all persons who expenses or compensation for thirty days or that the principle.	ays prior to the final expiration may be entitled to such sum	
and marked "Drawn against irrevocable letter of cr	redit number"		
this letter. This credit will expire in full and finally to letter of credit and be released of future liability here.	renewed on an annual basis for a period of not less than f five (5) years from the date of issuance. The issuing bank ereunder by delivering sixty (60) days' prior written notice t rs' Compensation, at the address shown above. Cancellation ation of the sixty (60)-day period.	ing institution may cancel the to the Missouri Department of	
	ur one (1) demand for payment for the unused balance of the		
mentioning thereon our letter of credit number is still outstanding and that the proceeds of the path be returned to the accountee.	accompanied by your signed ayment will be retained and used in lieu of the letter of cred	statement that the agreemend dit with any unused portion to	
We hereby engage with you that demands made	de in conformity with the terms of this credit will be duly ho	nored on presentation.	
In witness whereof, we have duly executed the	e foregoing this day of	, 20	
loguino	g Bank Institution		
issuilig	g Darik Institution		
Address	City, State, Zip Code		
Bank routing transit number	By Signature and Title of Bank O	fficial	
Before me personally appeared foreging as his/her free act and deed.	who acknow	wledges that s/he signed the	
I have hereunto set my hand and affixed my of	fficial seal at my office in this	day of	
20			
My term expires	Notes D. I.		
	Notary Public		