Irrevocable Letter of Credit

Name of Self-Insurer:
Name of Self-Insurer: Irrevocable Letter of Credit Number:
Date:
Virginia Workers' Compensation Commission Self-Insurance Administrator 333 E. Franklin St. Richmond, Virginia 23219
Dear Sir:
We have established this Irrevocable Letter of Credit solely in your favor for drawings up to U.S. \$ effective and expiring at our (bank address) with our close of business on This Letter of Credit is not conditioned on the delivery of any other document or materials.
This Letter of Credit is irrevocable and cannot be modified, except for an increase in the face amount, or revoked without the consent of the Virginia Workers' Compensation Commission.
We hereby undertake to promptly honor your sight draft(s) drawn on us, indicating our Letter of Credit Number, for all or part of this Letter of Credit if presented at (bank address) on or before the expiry date or any automatically extended date. No other document need be presented.
need be presented.
Except as stated herein, this undertaking is not subject to any condition or qualification. The obligation of the bank under this Letter of Credit shall be the individual obligation of the Bank, in no way contingent upon reimbursement with respect thereto.
It is a condition of this Letter of Credit that it shall be deemed automatically extended without amendment for one year from the expiry date hereof, or any future expiry date, unless sixty (60) days prior to any expiry date we shall notify you in writing by certified mail, return receipt guaranteed that we elect not to consider this Letter of Credit renewed for any such additional period.
It is further condition of this Letter of Credit that any interruption of the Bank's conduct of business within thirty days of the expiry date caused an act of God, riot, civil commotion, insurrection, war or other cause beyond the Bank's control, or by any strike or lockout, will automatically extend the expiry date hereof, as well as future expiry dates, by the period of the interruption beginning on the first day after the interruption on which the Bank is open.
This letter of credit shall be governed by the laws of Virginia and subject to the Uniform Customs & Practice for Documentary Credits, 2007 Revision, ICC Publication Number 600. If any legal proceedings are initiated with respect to payment of this Letter of Credit it is agreed that such proceedings shall be subject to Virginia courts and law.
Bank:
Address:
Authorized Signature: Title:

Information - Irrevocable Letters of Credit

The Virginia Workers' Compensation Commission may accept an Irrevocable Letter of Credit as proof of compliance instead of a surety bond or securities. The Commission's Self-Insurance Division must determine if the Letter of Credit is acceptable in format, amount, and content, and if the issuing and or confirming bank is acceptable. The Letter of Credit must be in substantially the format and content as that provided in Form 21B (11/14/17): Irrevocable Letter of Credit. The Employer must complete the Memorandum of Understanding between the Commission and the Employer and submit it with the Irrevocable Letter of Credit (Form 21B (11/14/17).

The Letter of Credit must be issued or confirmed by a bank chartered in Virginia or a federally chartered bank with a branch office in this state, except as expressly allowed by the Commission, in writing, upon the written request of the self-insured employer. Funds from the Letter of Credit will be immediately payable on demand. The Irrevocable Letter of Credit must include the following:

Name of Bank Confirming Bank (If Applicable)
Issuing Office Address, City, State, Zip

Address, City, State, Zip

Irrevocable Letter of Credit Number Effective Date Date and Place of Expiry Amount (In U.S. Dollars)

Applicant (Name of Self-Insured) Address, City, State, Zip

Beneficiary: Virginia Workers' Compensation Commission

333 E. Franklin St.

Richmond, Virginia 23219

Credit available with (Name of Bank) by sight draft at (Branch of Bank).

Requirements

The Letter of Credit must be irrevocable and must provide that it cannot be modified, except for an increase in the face amount, or revoked without the written consent of the Commission. Furthermore, it cannot be conditioned on the delivery of any other document or materials and shall stipulate that the Commission need only draw a sight draft under it and present it to obtain funds and that no other document need be presented.

The letter of credit must contain an issue date and a date of expiration. It shall state that its expiration date will be automatically extended without amendment for an additional period of one year from the present or each future expiration date unless not less than sixty (60) days prior to such date the bank notifies the Commission in writing that the bank elects not to renew the Letter of Credit.

It is further condition of the Letter of Credit that any interruption of the bank's conduct of business within thirty days of the expiry date caused by an act of God, riot, civil commotion, insurrection, war or other cause beyond the bank's control, or by any strike or lockout, will automatically extend the expiry date hereof, as well as future expiry dates, by the period of the Interruption beginning on the first day after the interruption on which the bank is open.

Information - Irrevocable Letters of Credit (Continued)

The Irrevocable Letter of Credit is not subject to any condition or qualification, and is the bank's individual obligation, which is not contingent upon reimbursement.

This Letter of Credit shall be governed by the laws of Virginia and subject to the Uniform Customs & Practice for Documentary Credits, 2007 Revision, ICC Publication Number 600. If any legal proceedings are initiated with respect to payment of the Letter of Credit it is agreed that such proceedings shall be subject to Virginia courts and law.

Signature and Title	Data
Signature and Title	Date

Memorandum of Understanding Letter of Credit 21B (7/1/07)

	Memorandum of Understanding betw				
applied for	and the Virginia Workers' Compens the privilege of self-insuring its oblig mmission has approved the application	ations under the Virginia on contingent upon the Emp	Workers' Compensation Law		
Irrevocable which is a	Letter of Credit (Letter of Credit) issi Virginia chartered bank or federally claployer agree to the following:	ued or confirmed by	(Bank).		
1.	The Letter of Credit is being fur other security to meet one of the Employer to self-insure.				
2.		ration or cancellation of the Letter of Credit is effective sixty (60) days after the mission has received written notice of the cancellation.			
3.	If the Commission is notified that the Letter of Credit is being cancelled or will not be renewed and a new letter of credit or surety bond acceptable to the Commission is not filed with the Commission, the Commission may, at its discretion, draw on the Letter of Credit.				
4.	The Commission may, at any time, draw on the Letter of Credit if needed to pay any workers' compensation claim and claims administration expense which are the responsibility of the Employer.				
5.	All proceeds drawn on the Letter	All proceeds drawn on the Letter of Credit shall be deposited with the State Treasurer.			
6.	The Letter of Credit and this Memorandum of Understanding shall be governed by the laws of Virginia and subject to the Uniform Customs & Practice for Documentary Credits, 2007 Revision, ICC Publication Number 600. Any action with respect to the Letter of Credit shall be brought in Virginia and the Employer shall consent to the court's personal jurisdiction over the Employer.				
7.	In this Memorandum of Understa have been approved to self-insure				
8.	This Memorandum of Understand	ing is effective on:	(month/day/year).		
Signed:	Democratica of Familiana	T:4.	Data		
	Representative of Employer	Title	Date		
	Representative of Employer	Title	Date		

To: Virginia Workers' Compensation Commission

Attn: Self Insurance Administrator

333 E. Franklin St.

Richmond, Virginia 23219

NOTICE OF NON-RENEWAL OF LETTER OF CREDIT

TAKE NOTICE that the letter of credit issued by ______[bank] dated _____
upon the application of _______ [name of self-insurer] in the amount of \$ ____ to your benefit, has WILL NOT BE RENEWED when it expires on ______ [date].

______ [bank] and its correspondents will not accept any drafts drawn against the above letter of credit after the expiration date, nor acknowledge any transfer of the letter of credit.

Name of Bank
Address
Authorized Signature: ______
Title:

Date: