<< To be Submitted on the Company’s Letterhead >>

Date

Via Delaware LaborFirst

Chris Counihan

Director, Division of Paid Leave

Delaware Department of Labor

Fox Valley Annex Building

4425 North Market Street

Wilmington, DE 19802

RE: Delaware Paid Leave Self-Insured Plan Application

Acknowledgment of Surety Bond Requirement

Employer DOL Account Number:

Dear Director Counihan,

In accordance with **19 Del. Admin. C. §1401-17.4**, I hereby acknowledge that to retain self-insurance approval, [insert Company Name] is required to obtain a surety bond, no later than December 1, 2025, in an amount equal to one year of contributions due had [insert Company Name] participated in the Delaware Paid Leave plan. I certify that the surety bond shall be purchased in the amount required by **19 Del. Admin. C. §1401-17.4.5.** I understand and agree to provide **the surety bond to the Division of Paid Leave, through Delaware LaborFirst, no later than December 1, 2025.**

Best Regards,

Name

Title

Company’s Name

Street Address

City, State Zip Code

Business Phone Number

Business Email Address