

This is a form for a no obligation analysis as to what our company can do for you. By completing this form, you are allowing WMC to view your account information. By submitting this form, you are *not* signing up for membership enrollment with WMC; this is to provide you information for possible membership.

PLEASE RETURN FORM TO WMC – DO NOT RETURN FORM TO L&I

Temporary Authorization for Release of Information

Company Name: _____

DBA: _____

L&I Account Number: _____ (and sub-accounts)

UBI Number: _____

Name of Company Official: _____ Title: _____

Signature: _____ Date: _____

To the Department of Labor and Industries:

Authorization is hereby given to the Department of Labor and Industries to provide our company's claim history, premium losses, statistics, experience modification factor, and related industrial insurance data to the Washington Manufacturers Council (WMC). It also provides WMC a subsidiary of Risk Finance and Investment online access through the Claim and Account Center to review employer and claim related information. This authorization is effective immediately and granted for 365 days from the date of the signature or until withdrawn through written notification to the Department.

General Company Information

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax: _____ Email: _____

Type of Business: _____

Please fax this completed form back to:
Membership Development
360-456-0763