



To: Department of Labor & Industries:

Authorization is hereby given to the Department of Labor & Industries to provide our company's claim history, premium, losses, statistics, experience modification factor, related industrial insurance data, and access to the Department's on-line Claim & Account Center for our company to the Washington Farm Bureau. Washington Farm Bureau is hereby designated as a duly authorized representative. This authorization is effective immediately.

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Years in Business: \_\_\_\_\_

**Employer's Labor & Industries (L&I) Account Information:**

Account ID: \_\_\_\_\_ (Example: 111,000-00)

UBI: \_\_\_\_\_ (Example: 600 000 000)

Risk Classes Reported: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_