
Please transfer form onto company letterhead.

By filling out this form we will provide you with your workers' compensation history confidentially and without obligation.

Please fax this form back to David Swoish at (253) 237-0859

Temporary Authorization for Release of Information

Authorization is hereby given to the Department of Labor & Industries to provide our company's claim history, premiums, losses, statistics, experience modification factor and related industrial insurance data to Employer Resources Northwest. This authorization is effective immediately and **granted for one year from the date of signature** or until withdrawn through our written notification to the Department.

Company name: _____ Number of Employees: _____

UBI#: _____ L&I Account No*: _____

Additional L&I Acct #'s if more than one: _____

Signature of company official: _____ Date: _____

Please print name: _____ Title: _____

Contact name & title if different: _____

Phone: _____ Fax: _____

Company Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Current Retro group: _____

**from Department of Labor & Industries form "Employer's Quarterly Report of Hours for Industrial Insurance"*

For additional information regarding workers' compensation please contact
David Swoish at Employer Resources Northwest
P: (800) 433-7601 x809 F: (253) 237-0859