



RELEASE OF INFORMATION FORM

PLEASE COMPLETE AND SEND TO
FAX: (253) 237-0848 | SCAN / EMAIL: RETRO@ERNWEST.COM

BUSINESS INFORMATION

| | |
|------------------|---------------------|
| Company Name | DBA (if applicable) |
| Address | Email Address |
| City, State, Zip | Phone |

LABOR AND INDUSTRIES 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 to include allowing Employer Resources Northwest online access to the Secure Access system and the Claim and Account (CAC) system. The scope of authorization is to include all matters relating to the Department of Labor & Industries and is to begin effective immediately and granted for one year from date of signature or until withdrawn through our written notification to the Department.

| | | |
|-------------------------------|-------|---------------------|
| Company Official | Title | L&I Account Number |
| Signature | Date | UBI Number |
| Contact Person (if different) | Title | Number of Employees |

ERNwest please provide the following information (check all that apply):

- Contact me about how to save money on workers' compensation
- Contact me about refunds on my workers' compensation premiums
- Contact me about safety and compliance services