

SR22/26 Insurance Batch Submittals Application

Insurance companies use this form to request access to the online database to enter individual SR22 and SR26 policies.

Email this completed form to: dataservices@dol.wa.gov

Contractor information

TYPE or PRINT Contractor name		
(Area code) Phone number	Web address	
Physical address (<i>Street address, City, State, ZIP code</i>)		
Mailing address, if different (<i>Address or PO Box, City, State, ZIP code</i>)		
Unified Business Identifier (UBI)/Employer ID number (EIN)	NAIC number	WAOIC number
Doing business as name (<i>DBA</i>)		
Address (<i>Street address or PO Box, City, State, ZIP code</i>)		
Unified Business Identifier (UBI)/Employer ID number (EIN)	NAIC number	WAOIC number

Contact information

1 Contract manager		
Name	Title	
Mailing address (<i>Address or PO Box, City, State, ZIP code</i>)		
(Area code) Phone number	Email	
2 Daily operations, if different from contract manager		
Name	Title	
(Area code) Phone number	Email	
3 Contract signer, if different from contract manager		
Contract signer name, if not contract manager	Title	
(Area code) Phone number	Email	

You may either sign or type your name. By typing your name you declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

	X	
Date and place signed		Contract manager/signer typed name or signature

For office use only		
Application signed (<i>date</i>)	Approver signature	Action taken Approved _____ Denied _____