



1076 Franklin Street SE • Olympia, WA 98501-1346 • 360.753.4137 • 1.800.562.8981

awcnet.org

Department of Labor & Industries
Retrospective Rating
P.O. Box 44180
Olympia, WA 98504-4180

L&I Retro:

Please release all historical workers' compensation claims and premium data to **AWC** for the following:

Firm name – City/Town of

Account I.D.

UBI number

-or-

Specifically, please send the following:

1. Table A
2. Hazard group calculation

The Association of Washington Cities agrees to protect confidential information received hereunder with the same degree of care that such party exercises with its own confidential information (but in no event less than reasonable care) and to limit access and disclosure of confidential information only to their employees, agents and contractors who have a “need to know,” and who agree to maintain confidentiality.

This authorization includes access to the Claim and Account Center (CAC) to review premium paid, hours reported, and claims charged to the account(s). This authorization expires six (6) months after signed date.

Sincerely,

Name (Print): _____

Title: _____

Signature: _____ Date: _____

Fax this letter to AWC – fax # (360) 753-0149