



Building Industry Association of Washington Authorization of Release Information

To the Department of Labor and Industries:

You are hereby authorized to release information regarding premiums and claims history on my business currently operating under the below listed account to the Building Industry Association of Washington.

Company Name: _____

Contact Person: _____

L&I Account No. (*required*): _____ , _____ - _____
(from Department of Labor & Industries form "Employer's Quarterly Report of Hours for Industrial Insurance")

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature (*required*): _____

Mail this form to:
Building Industry Association of Washington
R.O.I.I.® Select Program
P.O. Box 1909
Olympia, WA 98507

For additional information regarding the BIAW Return on Industrial Insurance® Select program, please contact BIAW ROII® Select Marketing Director Lara Hastings at 800-228-4229 or by email at lahrah@biaw.com.