

Temporary Authorization for Release of Information

L&I Account # (include sub accounts): _____ UBI #: _____

Company Name: _____ DBA: _____

*To the Department of Labor & Industries,
Authorization is hereby given to the Washington State Department of Labor & Industries to provide our company's claim history, premium, losses, statistics, experience modification factor and related industrial insurance data to Integrated Claims Management, Inc. (ICM) along with access to the Department's on-line Claim & Account Center. ICM is hereby authorized as a dually authorized representative. This authorization is effective immediately and granted from the date of the signature or until withdrawn through our written notification to the Department.*

Signature: _____ Date: _____

Print Name: _____ Title: _____

General Information

Company Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail: _____

Contact Name: _____ Title: _____

Type of Business: _____

Risk Classification used on a Quarterly Report to L&I: _____

Please sign and return this form to ICM, Inc.

8830 Talon LN NE #A Lacey, WA 98516

360-786-1378 – phone

360-956-3563 – fax

via e-mail: info@icmoly.com