



Workers' Comp Account Review Request

To the Department of Labor and Industries:

Authorization is hereby given to the Department of Labor and Industries to provide statistics and online access to the Workers' Compensation account of this firm and any sub-accounts to **Archbright®**. This authorization is effective immediately and will remain in effect for one (1) year from the date of signing.

Company Name:

L&I Account:

WA UBI:

Check here to include any sub-accounts

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Email Address: _____

GENERAL INFORMATION

Company Address:

Phone Number:

After signing, please email or mail form to:

Brad Schmuhl
Account Executive
bschmuhl@archbright.com

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