

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 This authorization is effective immediately and granted from the date of the signature or until withdrawn through our written notification to the Department.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:	
General Information	
Company Address:	
	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