



COVERAGE AGREEMENT

| | | |
|---------------------------|------------------|----------------|
| This agreement is made on | Between (Worker) | and (Employer) |
|---------------------------|------------------|----------------|

Subsection 51.12.120(6) of the Revised Code of Washington provides:

"A worker whose duties require him or her to travel regularly in the service of his or her employer in this and one or more other states may agree in writing with his or her employer that his or her employment is principally localized in this or another state and, unless such other state refuses jurisdiction, such agreement shall govern as to any injury occurring after the effective date of the agreement."

The above named Worker and Employer (parties) agree that for the purpose of workers' compensation coverage, the employment of the above named Worker is principally localized in the State of _____.

The parties further agree that it is the intent of this agreement to comply with Subsection 51.12.120(6) of the Revised Code of Washington.

| | |
|---------------------------|--|
| Employer | Worker's name (please print) |
| By (authorized signature) | Worker's signature |
| Official position | Account ID (Washington State Industrial Insurance) |
| Employer's address | City State ZIP |

The state of _____ accepts jurisdiction and certifies that workers' compensation insurance will be provided to the above named Worker effective the date of this agreement.

▲ OR ▲

| | |
|-----------------------------------|---|
| State workers' compensation dept. | Insurance carrier |
| Address | Address |
| City State ZIP | City State ZIP |
| Official position | Official position Expiration Date of Coverage |
| Signature | Signature |