



**WASHINGTON STATE BANKS ONLY  
 ASSIGNMENT OF ACCOUNT  
 OR TIME DEPOSIT  
 FOR INSURANCE - PD**

**NOTE TO ASSIGNOR:**

**This account will not be released until THREE Years after the expiration of the Certificate of Registration. If a contractor chooses to file an assigned account, the contractor must, on any contracting project, notify each person with whom the contractor enters into a contract or to whom the contractor submits a bid that the contractor has filed an assigned account in lieu of insurance and that recovery from the account for any claim against the contractor for property damage or personal injury or death occurring in the project requires the claimant to obtain a court judgment.**

This assignment is for the purpose of fulfilling the requirement of RCW 18.27.050. The undersigned does hereby assign, transfer and set over unto the state of Washington all rights, title and interest in and to \$ \_\_\_\_\_ ( \_\_\_\_\_ thousand and no/100 dollars), of Account No. \_\_\_\_\_ in the (bank name) \_\_\_\_\_, with full power and authority to demand, collect and receive said deposit, and to give receipt and acquaintance therefore, for the uses and purposes prescribed by said RCW 18.27. It is understood and agreed that (bank) \_\_\_\_\_ holds the said savings account or time deposit in its possession, and agrees to hold \$ \_\_\_\_\_ until a release of this assignment is received from the state of Washington. It is further understood that this assignment is subject to judgments which may be rendered against the (business name) \_\_\_\_\_ and in accordance with the provisions of RCW 18.27. The deposit will be released to the state of Washington after 30 days notice on demand and with no other conditions of release.

Signed and dated at \_\_\_\_\_, Washington, this \_\_\_\_\_ day of \_\_\_\_\_.

**ACCEPTANCE** (To be completed by bank personnel)

The undersigned hereby accepts the foregoing assignment of account or time deposit and agrees to hold the funds until an authorized release is received by the state of Washington	
Account#	In the amount of \$
Date	

Print/type name of depositor		
Signature of depositor		
Address		
City	State	ZIP+4

**Signature of notary**

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
Notary Public in and for the state of Washington
Residing at
My commission expires

**Signature of bank personnel**

Signature of authorized bank personnel		
Bank address		
City	State	ZIP
Phone number		

(Notary Seal)

**A separate Assignment of Account form MUST be used for each type of coverage**  
 This form to be used for \$50,000 property damage coverage only