



SELF-INSURED EMPLOYER CERTIFICATE OF EXCESS INSURANCE

Non-USPS delivery:
 7273 Linderson Way SW
 Tumwater WA 98501

It is necessary to complete this form if your firm elects to reinsure its workers' compensation liability. Please have your insurance provider assist you in properly completing this form. This information is required in accordance with RCW 51.14.020(5) and WAC 296-15-121(7).

Official Use only	UBI	Account ID
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Self-Insurer
Excess Insurer
Address of Excess Insurer

Policy Number

New Policy

Policy Renewal (old policy number, if changed): _____

Change to Policy

Cancellation of Policy (effective date of cancellation): _____

Reinstatement of Policy

Policy period
from _____ to _____

Type of Policy

SPECIFIC: Retention _____ Maximum Liability of Excess Insurer _____

AGGREGATE:
(stop loss) Retention _____ Maximum Liability of Excess Insurer _____

This policy contains the following endorsements:

Yes No This policy is not intended to provide for the payment of any costs, benefits or compensation which the self-insured employer may be obligated to pay pursuant to the provisions of Title 51 RCW, in excess of 80% of any such liabilities, as required by RCW 51.14.020(5).

Yes No It is further understood that this excess insurance company and its personnel do not participate in the administration of the responsibilities of the self-insured under Title 51 RCW.

Date	Excess Insurer	By
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