



Washington Workers Insured Out-of-State

Employer's Supplemental Quarterly Report for Workers' Compensation

Mail completed forms to:
 Insurance Services
 PO Box 44140
 Olympia WA 98504-4140

No Premiums are due with this report

Note: If you have not applied for out-of-state reporting and provided us with a copy of your out-of-state workers' compensation insurance certificate, please call 360-902-5775. This form needs to be completed prior to submitting the report.

Business name	UBI number	Account ID
Business address		
City	State	Zip

Out-of-State Information

State or Province	Country
This report is for quarter ending	Due Date
Date employee(s) began work	Has work ended? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date work end
Total full or partial days worked this year, in this state, province, or country.	
Out-of-state workers' compensation policy effective date	Date out-of-state coverage will or has ended

If you qualify for out-of-state supplemental reporting in more than one state, complete a separate report for each state, province or country.

Class	Classification Description	Gross Payroll	HRS/Units

Use addendum sheets as needed

Signature Information

I declare under the penalty of perjury of laws of the State of Washington (RCW 9A.72.020) that the information contained in this report and in any attachment is true and correct.			
Sign here X		Print name here X	
Check type of organization <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Official position		Employer's phone number	
Preparer's phone number	Date	Report prepared by	

List Washington workers' with out-of-state hours/units included in this report.

First name	Middle initial	Last name	Social Security number

Use addendum sheets as needed

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Department of Labor and Industries
PO Box 44140
Olympia WA 98504-4140

Classification Addendum for Out-of-State Supplemental Report

Business name	UBI number	Account ID
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Out-of-State Information

State or Province	Country
This report is for quarter ending	

Class	Classification Description	Gross Payroll	HRS/Units

Addendum Name List for Out-of-State Supplemental Report

Business name	UBI number	Account ID
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Out-of-State Information

State or Province	Country
This report is for quarter ending	

First name	Middle initial	Last name	Social Security number