



Application for Subscribership

The undersigned insurer, in accordance with the Rules and Regulations of the Washington Surveying and Rating Bureau, does hereby make application to become a Subscriber to WSRB.

Insurer Name

NAIC Number

Effective Date

Signature

Printed Name and Title

Phone Number

Email

Dated

The insurer designates as its official representative in charge of supervision of business written in the State of Washington to whom WSRB should send all official communications:

Individual or General Agency

Street Address

City, State and Zip Code

Please complete a separate form for each insurer.

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