

**Department of Labor & Industries
Insurance Services**



**Washington Workers Insured Out of State:
Employer's Supplemental Quarterly
Report for Workers' Compensation**

No Premiums are due with this report

Note: If you haven't applied for out-of-state reporting and provided us with a copy of your out-of-state workers' compensation insurance certificate, please call (360)-902-5564. This needs to be completed prior to submitting this report.

Business name		
Main office address		
City	State	ZIP

Out-Of-State Information

State or Province	Country
For above state, province or country:	
Date employee(s) began work:	Has work ended? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total full or partial days worked this year, in this state, province, or country :	If yes, date work ended:
Out-of-state workers comp policy effective date:	

UBI Number	
Account ID	
This report is for quarter ending	
Due Date	

Date out-of-state coverage will or has ended:	
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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 the 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	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 Telephone Number	
Preparer's Telephone number	Date	Report Prepared By

