Washington USL&H Assigned Risk Plan (WARP)

Insurance for United States Longshore & Harbor Workers' Act

APPLICATION FOR APPOINTMENT TO WARP GOVERNING COMMITTEE

Please return your completed application to: Brad Hatfield, Executive Director, Washington USL&H Assigned Risk 4250 Martin Way E, STE 105 #116, Olympia, WA 98516 or email application to brad@warp-uslh.org

Applicant Name:	
Application is for: [] committee member	er and/or [] alternate member
If applying for alternate member position, you	u must be nominated by a current WARP member.
Industry group you seek to represent: [] Ins	urer [] Producer [] Employer [] Labor
Contact Information:	
Business Name	Home Address
Business Address	
	Home Phone
Business Phone	Home Email
Business Email	Cell
Preferred phone contact: [] Business Phone	[] Home Phone [] Cell
Preferred email contact: [] Business email	[] Home email
Current employment (job title, job duties, emp	ployment date):
Does your employer support your participation	on in the WARP Governing Committee? [] Yes [] No
If a licensed professional, list the licenses held	d:

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Membership in professional, civic organizations, or government boards of offices held and dates and terms):	r commissions (please list
Regular WARP Governing Committee meetings are held during the work quarter, usually at a location near I-5 and I-405, and the meetings last from infrequent basis, special committee meetings in addition to the regular mayou able to come prepared to actively participate at these meetings? [] Comments, if appropriate:	m 4 to 5 hours. On an eetings may be held. Are
Governing Committee appointments are for a three year term, renewable Commissioner of Insurance. Based on your current employment, can you the committee for at least one full term? [] Yes [] No Comments, if appropriate:	
Do you have a basic understanding of USL&H workers' compensation in Why do you want to serve on the WARP Governing Committee?	asurance? [] Yes [] No
Please explain business or personal relationships that might represent a coon the WARP Governing Committee.	onflict of interest to serving
Have you ever been convicted of a crime or offense (excluding traffic off \$500): [] Yes [] No If yes, attach an explanation to this applicat	
<u>Please submit a resume or bio with this application</u> . Any additional inforpertinent to support your application may also be attached; letters of support yould be especially helpful.	
I certify that the information in this application is true, correct, and complex knowledge.	lete to the best of my
Signature	Date