

## SR22/26 Insurance Batch Submittals Application

Insurance companies use this form to request access to the online database to enter SR22 and SR26 policies via a batch process. For access to the SR 22 and SR26 E-Service, use the [SR22/26 Insurance E-Service Access Request](#).

Only insurance companies may contract with DOL for access to this database. Insurance companies have authority to choose who they give access to for submitting SR22/26 policies on their behalf. DOL does not contract directly with insurance agents and brokers; they must get access through the insurance carriers.

Email this completed form to: [datacontracts@dol.wa.gov](mailto:datacontracts@dol.wa.gov)

### Contractor information

TYPE or PRINT Contractor name		
10-digit phone number	Web address	
Physical address ( <i>Street address, City, State, ZIP code</i> )		
Mailing address, if different ( <i>Address or PO Box, City, State, ZIP code</i> )		
Unified Business Identifier (UBI)/Employer ID number (EIN)	NAIC number	WAOIC number
Doing business as name ( <i>DBA</i> )		
Address ( <i>Street address or PO Box, City, State, ZIP code</i> )		
Unified Business Identifier (UBI)/Employer ID number (EIN)	NAIC number	WAOIC number

### Contact information

<b>1 Contract manager</b>	
Name	Title
Mailing address ( <i>Address or PO Box, City, State, ZIP code</i> )	
10-digit phone number	Email
<b>2 Daily operations, if different from contract manager</b>	
Name	Title
10-digit phone number	Email
<b>3 Contract signer, if different from contract manager</b>	
Contract signer name, if not contract manager	Title
10-digit phone number	Email

*You may either sign or type your name. By typing your name you declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place signed

**X**

\_\_\_\_\_  
Contract manager/signer typed name or signature