

Update Insurance or Bond Information

1. Click Business Licenses link from the top menu of the Professional and Business Licensing Home page.



2. Click link in tile for business you want to update insurance or bond information for at the Manage My Businesses page.

Manage My Businesses	
TERESA P CLARKE - COSMETOLOGIST	
UBI 602-518-774	

3. Click link for license you want to update insurance or bond information for at the Business Licenses page.

TERESA P CLARKE - COSMETOLOGIST							
UBI: 602-518-774							
Email: teresapclarke@	Email: teresapclarke@yahoo.com.invalid						
Business email: teresa	Business email: teresapclarke@yahoo.com.invalid						
Business Phone: 509.8	399.2050						
Primary Contact Name	e:						
Primary Contact Phon	Primary Contact Phone:						
Update business infor							
opaate pasiness intoi	mation						
	mation						
Licenses		elationships	Unsubmitted Applications				
		elationships Expiration Date	Unsubmitted Applications	Sub-s	status		

4. Click More Actions link from the list of options at the right-hand side of the page.

License Number:	License Type:	Status:	Generate License
43452	Salon Shop	Active	
Business Name:	Doing Business As:	Phone:	Manage Courses
TERESA P CLARKE - COSMETOLOGIST	None	509.899.2050	
Email:	Physical Address:	Mailing Address:	
teresapclarke@yahoo.com.invalid	701 N WATER ST	961 #6 RD	Finding
	ELLENSBURG, WA	ELLENSBURG, WA	
First Issue Date:	Current Issue Date:	Expiration Date:	More Actions
July 21, 2005	June 05, 2020	May 13, 2021	
Sub-status:	Web-Address:	Discipline:	
None	None	None	
Program:			
Cosmetology			

5. Click Update Financial Guarantee.

License Number: 13452	License Type: Salon Shop		Status: Active		Generate License
Business Name: FERESA P CLARKE - COSMETOLOGIST	Doing Busine None		Phone: 509.899.2050		Manage Courses
Email: reresapclarke@yahoo.com.invalid	Physical Add 701 N WATER ELLENSBURG	ress: ST	Mailing Address: 961 #6 RD ELLENSBURG, WA		Finding
First Issue Date: July 21, 2005	Current Issue June 05, 2020	Date:	Expiration Date: May 13, 2021		Update Physical Address
Sub-status: None	Web-Address None		Discipline: None		Update Print Name
Program: Cosmetology					Close Your Business
					Update DBA Name
Branches License Rela	tionships	Unsubmitted Applications	Submitted Applications	d	Update Financial Guarantee

6. **Select** the appropriate option from the Financial Guarantee dropdown.

Update Financial Guarantee	
Request Information	Attachments
Request Information	
* Financial Guarantee Type Select	۸ ۲
Select Insurance	
Other Back	

7. The insurance or bond information you already have on file will be displayed.

Financial Guarantee T	ype	 	
Insurance			÷
inancial Guarantee 1			
Bond or Insurance Co	mpany Name		
LIBERTY MUTUAL	I		
Bond or Policy Number BLA(19)57848053	er		
June 28, 2016			曲
Continuous Bond Yes No			
Bond or Policy Amour			

- 8. **Update** the appropriate fields.
 - If you have more than one Financial Guarantee type, **update** the information for Financial Guarantee 2 information as needed.

* Financial Guarantee Type	
Insurance	۸ ۲
Financial Guarantee 1	
Bond or Insurance Company Name	
Insurance R Us	
Bond or Policy Number	
139952114598	
Effective date	
June 28, 2020	a
[•] Continuous Bond	
Yes	
🔿 No	
Bond or Policy Amount	
\$1,000,000.00	

9. When all updates are made, **click** Continue at the bottom of the page.

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- **10. Upload** the updated insurance or bond document.
 - Click Upload Files, navigate to the file you want to upload and doubleclick on the file. Click Done at the Upload files pop-up when it is active (blue).
 - You can only upload ONE document under each heading.
 - The uploaded file will be displayed. If you need to remove the file, **click** the X in the upper-right hand corner of the uploaded file.

Attachments		
You can upload these	file formats: .pdf, .jpg, .jpeg, .png, .tiff, .bmp, or .gif.	
*Upload File		
🛆 Uploa	d Files Or drop files	
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	<u>*</u>]	
Business hiera	rchy s	

11. Review your answers and uploaded document

• If you need to edit information, click the Back button (lower left-hand corner of the page) until you reach the page where you need to make the correction. Then click Continue at each page until you return to the Review and Submit page.

Review and Submit					
Questions Review					
Financial Guarantee Type					
Insurance					
Bond or Insurance Company Name					
Insurance R Us					
Bond or Policy Number					
139952114598					
Effective date					
June 28, 2020					
Continuous Bond					
Yes					
Bond or Policy Amount					
\$1,000,000.00					
Mandatory Submission Review					
Upload File					
Business hierarchy schema.pdf					

- **12.** Enter your name as it appears below the signature box (not case sensitive) and click Continue.
 - If the name that appears on the signature page is not the name you used to create your SAW login, then you have incorrectly linked someone else's professional license to your login. Contact the program for instructions on how to correct this error.

Declaration	
I certify, under penalty of perjury in the State of Washington, that all the information I've provided in this application and any associated documents is true, complete, and correct.	
Signature	
Please type your legal name as shown below.	
Belinda Boysenberry	
Belinda Boysenberry	
Back	bmit

13. Click Ok at the Successfully Submitted pop-up.

Successfully Submitted	
Thank you for submission of your request.	
	.l@k

14. Provide user feedback with comments and/or a star rating and **click** Continue OR **click** Skip.

Submit your Feedback	
Your feedback is important to us and will help us improve our application. Comments are reviewed weekly. If you have questions, please go to the following URL to find contact information :	
http://www.dol.wa.gov/contact/professions.html Comments	
Worked great! Thank you!	
Submit Skip	1

15. The information is updated in the system immediately.