Department of Labor & Industries
Employer Services
PO Box 44140
Olympia WA 98504-4140

COVERAGE AGREEMENT

This agreement is made on / /	Between (Worker)	and (Employer)

Section 51-12-120(6) of the Revised Code of Washington provides:

"A worker whose duties require him or her to travel regularly in the service of his or her employer in this and one or more other states may agree in writing with his or her employer that his or her employment is principally localized in this or another state and, unless such other state refuses jurisdiction, such agreement shall govern as to any injury occurring after the effective date of the agreement."

The above named Worker and Employer (parties) agree that for the purpose of workers' compensation coverage, the employment of the above named Worker is principally localized in the State of _____

_____ .

The parties further agree that it is the intent of this agreement to comply with Section 51.12-120(6) of the Revised Code of Washington.

Employer	Worker's name (please print)
By (authorized signature)	Worker's signature
Official position	Account ID (Washington State Industrial Insurance)
Employer's address	City State Zip

The state of _____ accepts jurisdiction and certifies that workers' compensation insurance will be provided to the above named Worker effective the date of this agreement.

OR

State workers' compensation Dept.	Insurance carrier
Address	Address
City State Zip	City State ZIP
Official Position	Official Position Expiration Date of Coverage / /
Signature	Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE / /
NOTARY PUBLIC SIGNATURE
FOR THE STATE OF
RESIDING AT
MY COMMISSION EXPIRES

(notary seal)