

Employee Count Survey

| 1. | Please enter your company #NAIC code: |
|----|---|
| | NAIC #: |
| | Short Company Name: |
| 2. | Do you have 0 (or no employees) in your WA State principal place of business (combine if multiple offices)? |
| | □ Yes |
| | □ No |
| 3. | How many employees does your company have (WA State residents only)? |
| | ☐ Less than 50 employees |
| | □ Equal to or more than 50 employees |
| 4. | Do you have a parent company? (business entities, including a sole proprietorship, corporation, partnership, or other legal entity, that is owned and operated independently from all other businesses, please answer "No") |
| | □ Yes |
| | □No |
| 5. | Please input the name(s) of your primary parent company. |
| | |
| 6. | How many total employees does your primary parent company/companies have combined, residing in WA State only? |
| | ☐ Less than 50 employees |
| | ☐ Equal to or more than 50 employees |