

Reimbursement Policy Coverage Form

Service Contract Provider

This form must be completed to identify the Reimbursement Insurance Policy (CLIP) that indemnifies each specific service contract.

Note: This form may be duplicated if additional space is needed.

Service Contract Provider Legal Name: _____ **WAOIC #:** _____

Service Contract Category/Program Name	Contract Form Number	Name of Insurer or Risk Retention Group	Policy Number

If there are any changes made to the information above, update this form and email the new version to CLC@OIC.WA.Gov for review.

A service contract provider must keep current the information required to be disclosed in its registration under this section by reporting all material changes or additions within thirty days after the end of the month in which the change or addition occurs. RCW 48.110.030(6)