
Washington USL&H Assigned Risk Plan (WARP)

Insurance for United States Longshore & Harbor Workers' Act

APPLICATION FOR APPOINTMENT TO WARP GOVERNING COMMITTEE

Please return your completed application to:

Katey Noonan, Executive Director, Washington USL&H Assigned Risk Plan
P.O. Box 5179, Bremerton, WA 98312 or email application to director@warp-uslh.org.

Applicant Name: _____

Application is for: ☐ committee member and/or ☐ alternate member

If applying for alternate member position, you must be nominated by a current WARP member.

Industry group you seek to represent: ☐ Insurer ☐ Producer ☐ Employer ☐ Labor

Contact Information:

Business Name

Home Address

Business Address

Home Phone _____

Business Phone _____

Home Email _____

Business Email _____

Cell _____

Preferred phone contact: ☐ Business Phone ☐ Home Phone ☐ Cell

Preferred email contact: ☐ Business email ☐ Home email

Current employment (job title, job duties, employment date):

Does your employer support your participation in the WARP Governing Committee? ☐ Yes ☐ No

If a licensed professional, list the licenses held:

APPLICATION FOR APPOINTMENT TO WARP GOVERNING COMMITTEE

Membership in professional, civic organizations, or government boards or commissions (please list offices held and dates and terms):

Regular WARP Governing Committee meetings are held during the work day once each calendar quarter, usually at a location near I-5 and I-405, and the meetings last from 4 to 5 hours. On an infrequent basis, special committee meetings in addition to the regular meetings may be held. Are you able to come prepared to actively participate at these meetings? ☐ Yes ☐ No
Comments, if appropriate:

Governing Committee appointments are for a three year term, renewable at the discretion of the Commissioner of Insurance. Based on your current employment, can you commit to being to serve the committee for at least one full term? ☐ Yes ☐ No
Comments, if appropriate:

Do you have a basic understanding of USL&H workers' compensation insurance? ☐ Yes ☐ No

Why do you want to serve on the WARP Governing Committee?

Please explain business or personal relationships that might represent a conflict of interest to serving on the WARP Governing Committee.

Have you ever been convicted of a crime or offense (excluding traffic offenses with a fine of less than \$500): ☐ Yes ☐ No If yes, attach an explanation to this application.

Please submit a resume or bio with this application. Any additional information you feel may be pertinent to support your application may also be attached; letters of support from your interest group would be especially helpful.

I certify that the information in this application is true, correct, and complete to the best of my knowledge.

Signature

Date