

SUITABILITY REPORTING FORM FOR LONG-TERM CARE POLICIES. REPORTING YEAR _____ STATE OF Washington Due March 1st annually

Company Name:		
Address:		
Phone Number:		
NAIC Number:		
Total number of application	s received from residents of Washington State	
Number of applicants who o	declined to provide information on the Personal	
Number of applicants who	did not meet the Suitability Standards	
Number of those who chose	e to confirm after receiving Suitability Letter	
Signature		
Print Name and Title		
 Date		