



INSURER CERTIFICATION FOR RENTAL CAR AGENT

Insurer name _____

Insurer WAOIC number _____ NAIC # _____

In accordance with RCW 48.115.015(2)(a), notice is now given that effective from the date shown below, the designated insurer certifies that it has satisfied itself that the named rental car company is trustworthy and competent to act as its rental car agent.

It further certifies that the insurer has reviewed the endorsee training and education program and believes it satisfies the statutory requirements of RCW 48.115.020(4).

Name of rental car agent _____

FEIN _____ Effective date _____

Signature of insurer _____

Signature of appointing authority

Name (printed or typed) _____

Official title _____

Date _____ Phone number _____

I certify under penalty of perjury under the laws of the State of Washington that all statements above are true and correct.

Physical address: 5000 Capitol Boulevard, Tumwater, WA 98501

US postal address: PO Box 40255, Olympia, WA 98504

Phone: 360-725-7144

www.insurance.wa.gov