

KALAMA SCHOOL DISTRICT
Small Worker Form

Company Name:	
Owner Name:	
Contact Person:	
Contact Person Title:	
Email:	
Street Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Fax Number:	
Washington L & I Contractors License ID:	
Washington Dept. of Revenue UBI Number:	
L & I Industrial Insurance Account Number:	
Employment Security Department Number:	
Dept. of Revenue State Excise Registration Number:	
Federal Tax Number or Social Security Number:	
Do you currently maintain the minimum required insurance coverage?	
Are there any current claims that are pending against this insurance policy?	
Please choose your company's specialties from the following list boxes.	
Demolition:	
Vegetation:	
Earthwork:	
Drainage:	
Sanitary Sewers:	
Roadway Work:	
Water Treatment:	
Electrical/Telephone:	
Site Improvements:	
Concrete Masonry:	
Mechanical:	
Facility Construction:	