



STATE OF WASHINGTON

Department of Labor & Industries

Certificate of Workers' Compensation Coverage

March 12, 2026

WA UBI No.	604 761 328
L&I Account ID	263,503-00
Legal Business Name	TRUE WIND COLLABORATIVE LLC
Doing Business As	TRUE WIND COLLABORATIVE
Workers' Comp Premium Status:	Account is current.
Estimated Workers Reported (See Description Below)	Quarter 4 of Year 2025 "1 to 3 Workers"
Account Representative	Employer Services Help Line, (360) 902-4817
Licensed Contractor?	No

What does "Estimated Workers Reported" mean?

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person, or several part time workers.

Industrial Insurance Information

Employers report and pay premiums each quarter based on hours of employee work already performed, and are liable for premiums found later to be due.

Industrial insurance accounts have no policy periods, cancellation dates, limitations of coverage or waiver of subrogation (See [RCW 51.12.050](#) and [51.16.190](#)).