



PEMCO
Insurance

325 Eastlake Avenue East
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Seattle, WA 98111-0778
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PEMCO MUTUAL INSURANCE COMPANY
VENDOR INFORMATION FORM

Information Change

Thank you for contacting PEMCO Mutual Insurance Company. To initiate contact with PEMCO for the purpose of providing goods or services, please complete and submit this form.

FULL COMPANY LEGAL NAME		(DBA, INC, LLC... The Legal name affiliated with the company's Federal Tax ID Number.)	
CORPORATE ADDRESS		PHONE NUMBER	
FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER			
WEBSITE			
VENDOR REPRESENTATIVE			
NAME		E-MAIL ADDRESS	
ADDRESS		PHONE NUMBER	
PRODUCT OR SERVICES YOU PROVIDE			
STATEMENT OF INTEREST – PURPOSE OF CONTACT			
COMPANY SIZE (in annual revenue)			
Do you have contingency plans in place for all of your offices and services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you participate in sustainable practices in your products and service supply chain?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently work with other companies engaged in personal lines of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of any familial or business relationship between any member of your company and any employee of PEMCO Mutual Insurance Company or its associated companies (PEMCO Corporation, School Employees Credit Union of Washington)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please explain:			
Were you recommended by a PEMCO employee to contact our offices?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please provide the employee's name:			