

**Safeco Documentation FAX**

TOLL FREE FAX LINE: 1-877-344-5107

**HIGHLY SKILLED WORKER DISCOUNT**

Complete this form and return back to us along with the required documentation to request the addition of the Highly Skilled Worker discount. Upon receipt of adequate documentation, the discount will be added effective the date proof is received.

**TO: DOCUMENT VERIFICATION**

**Policy Number:**

**Named Insured:**

**Agency:**

**Agent #:**

**Rating State:** CA

**REQUIRED DOCUMENTATION: (Please add the policy number to all faxed documents.)**

**\*HIGHLY SKILLED WORKER:** Proof of occupation/employment that clearly validates occupation information listed on the policy to which the discount applies. Examples include: pay stub (or similar HR documentation), state license, document indicating membership in professional association or union.

**IMPORTANT**

Please return all documentation, including this form, by fax or email.

**Fax: 1-877-344-5107**

**Email: IRISAT@Safeco.com**

Thank you.