

Department of Labor & Industries
Retrospective Rating
PO Box 44180
Olympia WA 98504-4180
www.lni.wa.gov/retro/



INDIVIDUAL RETROSPECTIVE RATING PLAN AGREEMENT

Employer, please complete all blanks

Indicate plan choice: <input type="checkbox"/> Plan A <input checked="" type="checkbox"/> Plan A1 <input type="checkbox"/> Plan A2 <input type="checkbox"/> Plan A3 <input type="checkbox"/> Plan B	Indicate maximum premium ratio selected: <input checked="" type="checkbox"/> 1.05 <input type="checkbox"/> 1.30 <input type="checkbox"/> 1.60 <input type="checkbox"/> 1.10 <input type="checkbox"/> 1.35 <input type="checkbox"/> 1.70 <input type="checkbox"/> 1.15 <input type="checkbox"/> 1.40 <input type="checkbox"/> 1.80 <input type="checkbox"/> 1.20 <input type="checkbox"/> 1.45 <input type="checkbox"/> 2.00 <input type="checkbox"/> 1.25 <input type="checkbox"/> 1.50	Firm name, mailing address & location KITTITAS Co Auditor KITTITAS Co Courthouse 205 West 5th - Suite 105 Ellensburg WA 98924
Indicate coverage period Jan 1 through Dec 31 <input checked="" type="checkbox"/> (Dec 15) Apr 1 through Mar 31 <input type="checkbox"/> (Mar 15) Jul 1 through Jun 30 <input type="checkbox"/> (Jun 15) Oct 1 through Sep 30 <input type="checkbox"/> (Sep 15) Note: This agreement must be postmarked no later than the due date indicated above. If the due date falls on a weekend or official holiday, it must be postmarked no later than the next business day.		Firm's E-mail address Judy.Pless@co.kittitas.wa.us DBA (Doing business as) UBI (Unified Business Identifier) 192 002673 Employer Account ID (8 digit) including all sub/related accounts 004,093.00 Employer contact person's name Judy Pless Employer contact person's phone number 509 962 7502
Department's outside authorized representative of firm (if any) H/A		
<p><i>As owner, partner or corporate officer of the above business, I would like to enroll in the retrospective rating plan indicated above. Upon acceptance of this agreement by L&I, I understand and agree that:</i></p> <ul style="list-style-type: none"> This agreement will be in effect for the entire coverage period indicated above and for each of the subsequent adjustments required by WAC. Unless I notify L&I in writing prior to the first day of each subsequent coverage period, L&I will automatically re-enroll my business in the same plan, maximum premium ratio and coverage period. In the event that I want to change plans, maximum premium ratio or coverage period I must complete a new agreement form and submit it to L&I by the due date indicated above. I will maintain my industrial insurance account in good standing and will comply with L&I laws, rules and regulations. <p>NOTE: This agreement cannot be changed without the express written consent of L&I.</p> <p>The signature of an owner, partner or corporate officer of the above referenced employer authorized to enter in this agreement is required for the employer to participate in retro.</p>		
Date signed 11/17/09	Employer's name (print) alan crankovich	Employer's signature

Return original & yellow copies to L&I. Retain pink copy for your file.

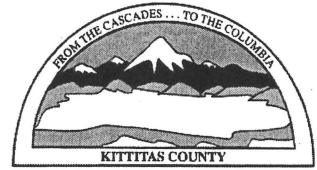
If using a window envelope, please check to ensure address below shows through window.

Phone (360) 902-4851

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Retrospective Rating
PO Box 44180
Olympia WA 98504-4180

Agreement postmarked			Effective date of coverage		Date signed	
Date stamp			Comments			
Retrospective rating program administrator (print)				Retrospective rating program administrator (signature)		

Jerald V. Pettit
Kittitas County Auditor
205 West 5th – Suite 105
Ellensburg, WA 98926
509-962-7504 Fax 509-962-7687



November 20, 2009

Department of Labor & Industries
Retrospective Rating
PO Box 44180
Olympia WA 98504-4180

RE: Acct #004,0093.00

To whom it may concern:

Please find enclosed the new retrospective rating plan agreement for Kittitas County. We are changing our premium ratio.

Please return a signed copy back to me at the following address

Kittitas County Auditor
Attn Judy Pless
205 West 5th – Suite 105
Ellensburg WA 98926

Sincerely,

A handwritten signature in cursive script, appearing to read "Judy Pless".

Judy Pless, Budget & Finance Manager
Kittitas County Auditor's Office

Enclosures



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

January 13, 2010

JUDY PLESS
KITITITAS COUNTY AUDITOR
KITITITAS COUNTY COURTHOUSE
205 W 5TH AVE STE 105
ELLENSBURG WA 98926-2891

RE: Retro ID : 10470
Account ID: 004,093-00

Dear JUDY PLESS:

We have enrolled you in Retrospective Rating Plan A1 with a Maximum Premium Ratio of 1.05. Your coverage year begins January 01, 2010.

Monthly reports detailing your claims activity are provided to assist you in claims management. Quarterly summary reports that include premium information will assist you in monitoring your Retrospective performance. These reports will be mailed to you at the time of production. Or you may choose to access your reports on line through the internet. To do so, contact Dan Strate in the Retrospective Rating program by e-mail at stre235@lni.wa.gov or by phone at 360-902-4839.

Please contact GARY VAN CLEEF at 509-324-2582 for help with any questions concerning workers' compensation coverage.

Sincerely,

CASSANDRA SMITH
RETROSPECTIVE RATING
DEPT. OF LABOR AND INDUSTRIES
P.O. BOX 44180
OLYMPIA WA, 98504-4180
www.lni.wa.gov/retro/