Department of Labor and Industries
Retrospective Rating Program
PO Box 44180
Olympia, Washington 98504-4180
(360) 902-4851 FAX (360) 902-4258
retro@Lni.wa.gov | www.retro.Lni.wa.gov



Individual RETROSPECTIVE RATING PLAN AGREEMENT

Please complete all blanks.

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Company Name Kittitas County			Retro ID num 10470	Retro ID number (to be determined by L&I if first enrollment) 10470							
Company mailing address and locati 205 West 5th Ave - Suite 105	on			Unified Business Identifier (UBI number) 192 002 673							
City Ellensburg	State WA	Zip Code+4 98926	L&I Account 004,093-0	number – incl O	uding all relate	ed sub-accounts					
Company contact name (please projudy Please	rint)		Enrollment po	Enrollment period beginning (first day of calendar quarter) January 1, 2013							
Company contact phone and FAX nu 509-962-7502	mber (inclu 509-962		Authorized ou	Authorized outside representative (third party administrator), if any							
Company contact e-mail address judy.pless@co.kittitas.wa.us			Company web	site (option	al)						
If known or from prior plan years:	Si	andard Premium	\$ 290,000.00	Size G	roup	Hazard Group	4				
Refer to WAC 296-17B-300 for assistance.	limitation	s on plan choices	and loss limits. P	lease contac	et Retrospec	ctive Rating staff if y	ou need				
Plan type (check one): Lo	ss Based	Pro	emium Based 🗵		See	WAC 296-17B-440					
Minimum Loss Ratio (up to 4	digits - bet	tween 0.0000 and 0.60	•	0 0		WAC 296-17B-910	- 990				
Maximum Loss Ratio (up to 4	digits - be	tween 0.3000 and 1.60	000): 0 7	8 0	O See	WAC 296-17B-910	- 990				
Single Loss Limit: \$120,000 (choose one) \$1,000,000		\$250,000 limited/No limit	\$500,000		See WAC	C 296-17B-300(1) and	d (3a)				
Our claims mail should be sen	t to (choo	ose one): Comp	oany address 🗵	Third Pa	arty Admini	strator					
Documents and reports will be s requested. Please check the box if						mat:					
As owner, partner or corporate program, with the plan choices			d above, I am agr	eeing to enr	oll in the R	etrospective Rating					
If these choices do not meet the re			3-300, L&I staff w	ill notify you	1.						
 Upon acceptance by L&I, I understa This agreement will be in effect WAC 296-17B-400. 			e period listed above	e and the rela	ted subseque	nt adjustments require	d by				
In order to reenroll, I must subm no later than the fifteenth day of					coming year,	, and that this application	on is due				
My company will maintain our intercollment and reenrollment.					ent on any m	oney owed L&I at the	time of				
• We will comply with L&I laws,				2 2							
My company is responsible for a		-									
This agreement cannot be che coverage period selected above		ithout the expres	s written conse	nt of L&I a	ind is in ef	fect through the					
TO BE COMPLETED BY EMPL											
Employer's Name and Title (please all an Crankovich		legibly)	Board &	Count	Com	mbowner	<u> </u>				
Employer's Authorized Signature	1		l	/		Date Signed 12/4/2012					

Index: IRA



2011 - 20	13			Ret	ro Prem	ium C	alculat	or			Kittitas County	
240-00-00-00-00-00-00-00-00-00-00-00-00-0			L	-					occurrence final chara	10.		
			l narozou			ive choosen a sin	ngle loss limit that is	n't avalliable a			choice 5	
overage Year			choice 1	2013	choice 2	2011	choice 3	2013	choice 4	2013	choice 5	2013
tandard Premium			\$ 2	90,000	\$ 2	78,833 \$		6,000 \$		6,000	\$	6,000
lazard Group			_	4	•	6		5		5	•	5
lan Type			P	remium	Pi	remlum		Loss		Loss		Loss
Ain Loss Ratio			3	0.6000		0.6000	(0.2000		0.1000		
Max Loss Ratio				0.7800		0.7800		1.4000	1	1,5000		1.6000
ingle Loss Limit			un	limited	\$ 2	50,000	unl	imited	uni	Imited	ur	limited
Assumed Loss Ratio				50.00%		65.00%	10	00.00%	1	25.00%		150.00%
Performance Adjustment Facto	r (PAF)			100%		100%		100%		100%		100%
Notes:					Invalld Combinati	on*	Invalld Combination	on*	Invalid Combination	on"	Invalld Combinat	lion*
			Loss Ratio a	ind Rar	ge of Retro R	efunds						
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your loss ratio is your	Loss Ratio (% Std Premium)	60%	O 68.									
*losses / std. premium	Rat	40%	X 50.	0%								
	Loss	7										
Others Even Loss Ratios * losses at assumed refund	%	20%										
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Descible Dates Defende			choice 1		choice 2		choice 3		choice 4		choice 5	
Possible Retro Refunds the range of available retro	€	15%										
refunds as a percentage of	귤를	10%	Ÿ 9;	1%								
your std premium	tefu ren	5%										
	Retro Refund (% of Std Premlum)	0% -5%				1						
v max refund	of Sel	-10%	-10	0.1%								
▲ max assessment	8	-15%										
Illan assessment		1370										
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