

Department of Labor and Industries  
Retrospective Rating  
PO Box 44180  
Olympia, Washington 98504-4180  
(360) 902-4851  
www.Retro.lni.wa.gov



**Individual**  
**RETROSPECTIVE RATING**  
**PLAN AGREEMENT**  
Effective 1-1-2011

Please complete all blanks.

Company Name KITITITAS COUNTY	Retro ID Number (To be determined by L&I if first enrollment) 10470
L&I Account Number, including all related sub accounts 004,0093.00	UBI - Unified Business Identifier 192 002 673
Company mailing address and location 205 WEST 5 <sup>TH</sup> AVE - SUITE 105	Enrollment period beginning (first day of calendar quarter) JANUARY 1, 2010
City State Zip code+4 ELLENSBURG WA 98926	Company representatives telephone number, including area code 509-962-7502
Outside authorized representative - Third party Administrator (if any)	Company representative E-mail address Judy.pless@co.kittitas.wa.us

If known or from prior plan years: Standard Premium \$ 285,000 Size Group Hazard group 4

Refer to WAC 296-17B-300 for limitations on plan choices and loss limits. If you need assistance, please contact Retrospective Rating staff.

Plan Type:	Loss Based xx	Premium Based	See WAC 296-17B-440
Maximum Loss Ratio (up to 4 digits - between .3000 and 1.600)	.3000		See WAC 296-17B 910-990
Minimum Loss Ratio (up to 4 digits - between .0000 and .6000)	.085		See WAC 296-17B 910-990
Single Loss Limit:	\$ 120,000	\$ 250,000	\$ 500,000
	\$ 1,000,000	unlimited/no limit	xx
			See WAC 296-17B 300 (1)

Our claims mail should be sent to: Company address 205 West 5<sup>th</sup> Ave - Suite 105 Ellensburg WA 98926 Third Party Administrator

Documents and reports will be sent electronically, unless printed documents are specifically requested.  
We prefer to receive retro reports and correspondence in printed (paper) format

As owner, partner or corporate officer of the business listed above, I am agreeing to enroll in the Retrospective Rating program, with the plan choices listed above.

If these choices do not meet the requirements of WAC 296-17B-300, L&I staff will notify you.

Upon acceptance by L&I, I understand and agree that:

- This agreement will be in effect for the twelve month coverage period listed above and the related subsequent adjustments required by WAC 296-17B-400.
- In order to reenroll, I must submit a new application each year, stating my plan choices for the coming year, and that this application is due no later than the fifteenth day of the month prior to the start of the coverage period.
- My company will maintain our industrial insurance accounts in good standing, and will be current on any money owed L&I at the time of enrollment and reenrollment.
- We will comply with L&I laws, rules and regulations.
- My company is responsible for any additional premium assessed for the coverage periods enrolled.
- L&I will return a countersigned copy for your records.

This agreement cannot be changed without the express written consent of L&I and is in effect through the coverage period selected above.

DEPARTMENT USE ONLY

Retrospective Rating Manager (Print)	Date Signed
Retrospective Rating Program Administrator (Signature)	

COMPLETED BY ASSOCIATION

Employer's Name & Title (Please Print) Paul Jewell, Vice-Chairman Board of Co Commissioners	Date Signed 12-14-2010
Employer Signature	

LABOR & INDUSTRIES  
DEC 20 2010  
RETROSPECTIVE RATING