

LABOR & INDUSTRIES

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



DEC 14 2011

RETROSPECTIVE RATING

Individual RETROSPECTIVE RATING PLAN AGREEMENT Effective 1-1-2012

Please complete all blanks.

Company Name Kittitas County			Retro ID number (to be determined by L&I if first enrollment) 10470
Company mailing address and location 205 West 5th Ave - Suite 105			Unified Business Identifier (UBI number) 192 002 673
City Ellensburg	State WA	Zip Code+4 98926	L&I Account number – including all related sub-accounts 004,093-00
Company contact name (please print) Judy Pless			Enrollment period beginning (first day of calendar quarter) January 1, 2012
Company contact phone and FAX number (including area code) 509-962-7502 509-962-7687			Authorized outside representative (third party administrator), if any n/a
Company contact e-mail address judy.pless@co.kittitas.wa.us			Company web site (optional) www.co.kittitas.wa.us

If known or from prior plan years: Standard Premium \$ 248,000.00 Size Group Hazard Group 4

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

Plan type (check one): Loss Based ☐ Premium Based ☒ See WAC 296-17B-440
Minimum Loss Ratio (up to 4 digits – between 0.0000 and 0.6000): 0 . 6 0 0 0 See WAC 296-17B-910 – 990
Maximum Loss Ratio (up to 4 digits – between 0.3000 and 1.6000): 0 . 7 8 0 0 See WAC 296-17B-910 – 990
Single Loss Limit: \$120,000 ☐ \$250,000 ☐ \$500,000 ☐
(choose one) \$1,000,000 ☐ Unlimited/No limit ☒ See WAC 296-17B-300(1) and (3a)

Our claims mail should be sent to (choose one): Company address ☒ Third Party Administrator ☐

Documents and reports will be sent in electronic format, unless printed documents are specifically requested. Please check the box if you 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.

TO BE COMPLETED BY EMPLOYER

Employer's Name and Title (Please Print) Paul Jewell, Chairman Board Co Commis	Date Signed 12-06-2011
Employer's Authorized Signature 	

DEPARTMENT USE ONLY

Retrospective Rating Manager (Please Print) John Sullivan	Date Signed 2/3/12
Retrospective Rating Program Administrator (Signature) 	