

Department of Labor and Industries
 Retrospective Rating Program
 PO Box 44180
 Olympia Washington 98504-4180
 360-902-4851 Fax 360-902-4258
 Email retro@Lni.wa.gov
 www.retro.Lni.wa.gov



Application for Group Retrospective Rating

Retro ID Number (RRID)

This agreement is between the Washington State Department of Labor and Industries (L&I) and _____ (sponsoring organization) for the twelve month coverage period beginning _____ and the related subsequent adjustments.

Retro association legal name (please print)			Authorized outside representative (third party TPA), if any	
Association mailing address and location			Third party administrator (TPA) contact name	
City	State	Zip + 4	TPA phone #	TPA Fax #
Association contact name			TPA email address	
Association phone #		Association Fax #	Enrollment period beginning	
Association email address			Date association first formed	

If known or from prior plan years:

Standard Premiums	\$	Size Group		Hazard Group	
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Plan type (check one): Loss Based Premium Based See WAC [296-17B-440](#)

Minimum Loss Ratio (up to 4 digits – between 0.0000 & 0.6000) • _____ See WAC 296-17B-910 – 296-17B-990

Maximum Loss Ratio (up to 4 digits – between 0.3000 & 1.6000) • _____ See WAC 296-17B-910 – 296-17B-990

Single Loss Limit: \$120,000 \$250,000 \$500,000 See WAC [296-17B-300](#) (1) and (3a)

(check one) \$1,000,000 Unlimited/No limit

Where should L&I send member’s claims mail?

Association address..... Directly to the member **and** association.....

TPA (if any)..... Directly to the member **and** TPA (if any).....

Documents and reports will be provided in electronic format unless printed documents are specifically requested. Please check the box if you prefer to receive your reports and correspondence in printed/paper format.....

By submitting this signed and completed Application for Group Retrospective Rating to L&I, the sponsoring organization listed above agrees to all of the following conditions:

Upon acceptance of our Application for Group by L&I, our organization will sponsor a Retrospective Rating group in the following business or industry category (check the **one** category that applies to your group):

- | | |
|--|---|
| <input type="checkbox"/> Agriculture services. | <input type="checkbox"/> Grocery stores, grocery distribution centers. |
| <input type="checkbox"/> Auto, truck & boat, mfg., sales, repair. | <input type="checkbox"/> Healthcare, pharmaceutical, laboratories. |
| <input type="checkbox"/> Construction. | <input type="checkbox"/> Logging & wood products mfg. |
| <input type="checkbox"/> Distillation, chemicals, food. | <input type="checkbox"/> Manufacturing, processing, mining. |
| <input type="checkbox"/> Entertainment, hospitality. | <input type="checkbox"/> Retail & wholesale stores & professional services. |
| <input type="checkbox"/> Facilities, property mgmt., maintenance. | <input type="checkbox"/> Temporary help & related services. |
| <input type="checkbox"/> Government, utilities, schools, healthcare. | <input type="checkbox"/> Transportation & warehousing. |

By signing you agree that you have read and accept all conditions listed both here and on page 2.

To be completed by Association Please read both pages 1 and 2 before signing:	
Association President Name (Please Print Legibly)	
Association President Signature	Date Signed

Retro Association Legal Name (Please Print)	Retro ID Number (RRID)
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- The sponsoring organization agrees that the words “organization” and “association” shall have the same meaning.
- Our organization understands that we will be required to submit a completed application annually to L&I for continued participation and sponsorship of the retrospective rating group covered by this application. We further understand that this new application must be submitted to L&I at least one month prior to the first day of the selected coverage period for reenrollment.
- New groups are required to submit applications at least two months prior to the first day of the coverage period.
- If this application is for a new group, you must also submit a copy of articles of incorporation, by-laws or other information to establish the organization’s purpose and validate membership requirements, as well as a copy of your safety plan, per Washington Administrative Code (WAC) [296-17B-220](#) and [296-17B-240](#).
- We understand and agree to maintain our L&I industrial insurance account in good standing and that it must be in good standing at the time of enrollment and re-enrollment in order to sponsor a retrospective rating group.
- We will cooperate with L&I’s claim management activities and will participate in L&I workplace safety initiatives.
- As the legal representative, the sponsoring organization is responsible for communicating decisions made by L&I Retrospective Rating staff to the members of the group.
- We will comply with all L&I laws, rules and regulations.
- The sponsoring organization is directly responsible to L&I for any additional retrospective premium arising from this agreement.
- A security deposit or surety bond equivalent to the maximum premium assessment may be required from the sponsoring organization as a condition of participation; to be in effect until the final premium adjustment has occurred and subsequent appeal period has ended.
- Each approved group member who by separate application has agreed to participate in this Group Retrospective Rating Agreement will:
 - Remain a party to this agreement for the above selected coverage period and all subsequent related adjustments.
 - Maintain an industrial insurance account with L&I and will keep the account in good standing.
 - Earn and retain their individual experience rating based upon their own premium and loss history.
 - This agreement cannot be changed without the express written consent of L&I and is in effect through the coverage period selected by the sponsoring organization.
- By signing this agreement on page 1 you signify that you have read and agree to all conditions listed on both page 1 and page 2 [above]. This application is **not complete** without a signature on page 1.

NOTE: The business and industry categories on page one have been abbreviated. A complete description of each category can be found on our website at: <http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=2661>

This Agreement must be completed and received by L&I **no later than** the first day of the month prior to the selected coverage period. (See WAC [296-17B-780](#)).