

RESOLUTION AUTHORIZING THE FILING OF AN APPLICATION TO THE BUREAU OF WORKERS' COMPENSATION

WHEREAS, The Bureau of Workers Compensation offers a program to employers known as The Retrospective Rating Plan which allows an employer to assume a portion of the financial claim liabilities (risk) for on-the-job injuries in return for a possible reduction in Workers Compensation premiums; and

WHEREAS, the Plan is designed to allow employers to customize the Plan to control the amount of risk assumed and the potential savings by selecting a maximum premium and maximum claims costs the employer is willing to pay. The greater the assumed risk, the greater the potential reduction in premiums; and

WHEREAS, Ashtabula County desires to apply to the Bureau of Workers Compensation for inclusion in the Retrospective Rating Plan establishing a claim limit of \$300,000 per claim and a 200% maximum premium; and

WHEREAS, Ashtabula County was included in the Retrospective Rating Plan since the year 2005 and has demonstrated consistent claims history and implemented proven safety practices which has greatly benefited Ashtabula County; now

THEREFORE, BE IT RESOLVED, By the Board of County Commissioners of Ashtabula County, Ohio, that the Board authorizes itself to make application to the Ohio Bureau of Workers Compensation for inclusion in the Retrospective Rating Plan for Ashtabula County for the policy year effective 2022.

BE IT FURTHER RESOLVED that the President of the Board, on behalf of the Board of Commissioners of Ashtabula County, is authorized to execute any and all necessary documents.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2021-286

July 27, 2021

**RESOLUTION AUTHORIZING THE FILING OF AN APPLICATION TO THE BUREAU
OF WORKERS' COMPENSATION**

Upon the motion of J.P. Ducro IV, seconded by Casey R. Kozlowski.

VOTE:

**Kathryn L. Whittington
J.P. Ducro IV
Casey R. Kozlowski**

**Aye
Aye
Aye**

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio



BWC will reject incomplete applications

Application for Retrospective-Rating Plan for Public Employers

Instructions

- An owner/partner/officer must sign the application.
You must file a new application for each policy year.
Once BWC approves the application, the plan will remain in force for the entire policy year.
Employers must file the application and all other required documentation by the last business day of July for the policy year beginning Jan 1.
BWC charges an annual minimum premium based on a factor of the estimated policy year experience-rated/base-rated premium even if there are no losses.
BWC offers Tier I and Tier II plans. Tier I is available to employers meeting all BWC requirements including financial strength. Tier II is available to employers who do not meet Tier I requirements, but do meet other requirements as specified by BWC.
Public employer taxing districts must attach their current bond rating.
Application for any retrospective rating plan is optional; but if application is made, all operations of the employment entity are subject to retrospective rating.
Direct questions concerning this application to the employer programs' retrospective rating unit at 614-466-6773.
You may submit a completed application in one of three ways:
Online - www.bwc.ohio.gov
Fax - 614-621-1405
Mail - BWC, Employer Programs, Retrospective Rating Unit, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256.

While participating in the Retrospective-Rating Program, you should verify other BWC programs that are compatible with it. You may participate in more than one BWC program. However, only certain programs may be combined in the discount calculation. Please reference the compatibility chart found in Ohio Administrative Code 4123-17-74.

Form with fields: Federal ID number (34-8000128), Email address (lbarson@ashtabulacounty.us), Policy number (30400001-0), Employer name (ASHTABULA COUNTY COMMISSIONERS), Address (25 W JEFFERSON ST), City (JEFFERSON), State (OH), ZIP code (44047-1027), Contact name (Lori Larson), Telephone number ((440) 576-3649), Contact title (Risk Manager), Fax number ((440) 576-3502).

Retrospective-rating plan parameter selections: The employer must select the retrospective-rating plan parameters listed below. BWC will determine the minimum and maximum premium level, as well as the exposure to claim losses by the selections made.

Tier I parameters section with options for claim limits (\$200,000, \$300,000, \$400,000, No claim limit) and maximum premium (150 percent, 200 percent).

If you do not meet the requirements for Tier I, do you wish BWC to consider you for the Tier II plan? Yes [X] No []

Tier II parameters section with options for claim limits (\$100,000, \$125,000) and a note that the Tier II plan only offers a maximum premium of 150 percent.

[] Financial statements are attached for consideration.

Estimated policy year payroll

You must provide the estimated payroll you will report during the policy year for each manual classification assigned to your policy number (attach additional pages as needed). The public employer taxing district policy year is Jan. 1 to Dec. 31.

The payroll information below will be used to set the estimated annual premium for the policy year beginning July 1.

You must use NCCI manual classification numbers for BWC to consider your application.

Table with 6 columns: NCCI manual number, Payroll, NCCI manual number, Payroll, NCCI manual number, Payroll. Rows include 9430 (\$34,853,678.00) and 9439 (\$7,200.00).

Retrospective-Rating Application - Statement of agreement: I have been authorized to sign and execute this application for the retrospective-rating plan on behalf of the company. I have read and understand the retrospective-rating plan rules in their entirety and agree to comply with the terms of the retrospective-rating plan, including payment of the annual claims billings in accordance with the plan and the governing rules.

Signature block with fields: Owner/partner/officer name (Kathryn Whittington), Title (President, BOACC), Signature, Date (7/12/2021).

Note: BWC's employer programs' retrospective-rating unit must review and approve this application before it becomes effective. BWC will provide written notification of application acceptance/rejection and applicable minimum premium percentage following the review.

For the policy year effective 2022