



**BWC will reject incomplete applications.**

## Application for Retrospective Rating Plan

**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.
- You must file the application 30 days preceding the beginning date of the policy year.
- 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. Applicants must submit audited financial statements (according to GAAP standards) for the last five years, which includes a balance sheet, income statement and a retained earnings statement.
- 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, (614) 466-6773.
- You may submit a completed application in one of three ways  
 Online – [www.ohiobwc.com](http://www.ohiobwc.com)  
 Fax – (614) 728-0456  
 Mail – BWC, Employer Programs – Retrospective Rating Unit, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256

|               |                            |                      |
|---------------|----------------------------|----------------------|
| Policy number | Federal ID #               | E-mail address       |
| Employer name |                            |                      |
| Address       |                            |                      |
| City          | State                      | Zip Code             |
| Contact name  | Telephone number<br>(    ) | Fax number<br>(    ) |

**RETROSPECTIVE RATING PLAN PARAMETER SELECTIONS:** The following retrospective rating plan parameters must be selected by the employer. The minimum and maximum premium level as well as the exposure to claim losses will be determined by the selections made.

| Tier I parameters  |   |
|--|---|
| To enroll in the Tier I plan, choose one of the claim limits and one maximum premium percentage below.   |   |
| <b>Claim Limit</b> (maximum costs chargeable to a single claim)<br><input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> No claim limit | <b>Maximum premium</b><br><input type="checkbox"/> 150% <input type="checkbox"/> 200% |

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

| Tier II parameters   |  |
|--|--|
| To enroll in the Tier II plan, choose one of the claim limits below.   |  |
| <b>Claim limit</b> (maximum costs chargeable to a single claim)<br><input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000 | Only a maximum premium of 150% is offered within the Tier II plan. |

**Financial statements are attached for consideration.**

**ESTIMATED POLICY YEAR PAYROLL:**

You must provide the estimated payroll to be reported during the policy year for each manual classification assigned to your policy number (attach additional pages as needed). The private employer policy year is July 1 to June 30 and the public employer taxing district policy year is Jan. 1 to Dec. 31.

You must use NCCI manual classification numbers for your application to be considered.

| Payroll rounded to the nearest \$1,000 |         |                    |         |                    |         |
|--|---------|--------------------|---------|--------------------|---------|
| NCCI manual number                     | Payroll | NCCI manual number | Payroll | NCCI manual number | Payroll |
|  |         |                    |         |                    |         |
|  |         |                    |         |                    |         |
|  |         |                    |         |                    |         |
|  |         |                    |         |                    |         |
|  |         |                    |         |                    |         |

**Owner/partner/officer statement of agreement:** I have read the retrospective rating rules in their entirety. I understand the rules and agree to comply with the terms of the retrospective rating plan.

|   |       |
|---|-------|
| Owner/partner/officer name <i>(type or print)</i> | Title |
| Signature   | Date  |

**Note:** BWC's Employer Programs – Retrospective Rating Unit must review and approve this application before it becomes effective. Written notification of application acceptance/rejection and applicable minimum premium percentage will be made following the review.