

Annual Report to the State Risk Manager

Joint Property and Liability Self-Insurance Programs

Section A:

According to RCW 48.62.091, every joint property and liability self-insurance program is required to submit an annual report to the State Risk Manager. All risk pools were previously provided with passwords and instructions on how to download documents to a secure server. Below is a list of documents that are to be placed on the secure server. After documents have been downloaded, complete the form below by checking off the required items that have been placed on the server. When completed, please email a signed PDF of this form to shannon.stuber@des.wa.gov

Section B: List of documents to be uploaded to server (check all documents submitted)

Annual financial statements with signed attestation (same as submitted to State Auditor's Office).	
Actuarial reserve report on which the net claim liabilities at fiscal yearend reported in the unaudited financial statements are based.	
Copies of all joint insurance policies.	
A list of contracted consultants.	
Copy of third party administrator(TPA) contract in force during plan year, if pool uses a TPA	
If changes were made in the bylaws please attach both new and prior agreement and highlight changes in new document.	
If changes were made in the interlocal/foundation agreement, please attach both new and prior agreement and highlight changes in new document.	
List of Pool members added and terminated, and dates of addition or termination.	
List of board members which includes the following information: 1) beginning and ending term dates 2) email address and telephone number for each 3) board position held 4) entity represented. This list should include board members serving partial terms (i.e. newly elected, resigned, etc.).	
Written summary describing excess and stop loss insurance limits, attachment point, participants' retention and program retention.	
Copy of insurance summary/coverage document provided to members.	
If any changes requiring prior approval from the State Risk Manager were made during the year per the requirements of 48.62.091(5), please provide a written description of those changes.	
Broker of Record Form	

Section C- Pool information

Pool Name:

Pool Director:

Email Address:

Section D-Preparer certification:

I certify that I am the preparer of this report as listed above. By submitting this report, I certify on this _____ day of _____, 20__ that the information provided as described in Section B and in this Annual Report to the State Risk Manager is correct to the best of my knowledge and belief.

Section D-Preparer information:

Preparer Signature

Preparer Name and Title: