



**Columbia County**

**Notice of Election for Guaranteed Cost Plan**

**Period:** 07/01/2025 - 07/01/2026

**Policy:** 484671

**Group:** CIS - Services

**Plan:** Version #1 (1)

**Agency:** Brown & Brown Insurance Services Inc  
**Producer:** Ron Cutter

**Total estimated premium and assessments: \$340,107.36**

**Payroll reporting frequency:** Annual

Please visit **saif.com** and choose *Safety and health* for information about safety or choose *Employer Guide* for information about reporting payroll, paying online, filing and managing a claim, and coverage.

**Initial installment due by 07/25/2025: \$340,107.36**

I, the undersigned, as a legal representative of the Company listed above, do hereby authorize SAIF Corporation to issue the policy and determine workers' compensation premiums according to the plan selection on this form. I have read, understand, and agree to the terms and conditions of this plan as set forth in the proposal.

\_\_\_\_\_  
Authorized signature of insured

\_\_\_\_\_  
Date signed

In Process

**Please return this page with remittance. You may choose to pay online at saif.com, or write the quote or policy number indicated in this document on your check. Make check or money order payable to:**

**SAIF CORPORATION  
400 High St SE  
Salem, OR 97312-1000**

|                      |                       |                 |                       |
|----------------------|-----------------------|-----------------|-----------------------|
| <b>SAIF use only</b> | D: \$0                | I: \$340,107    | Lyn L Zielinski-Mills |
| Date received _____  | Amount received _____ | Check no. _____ |                       |
| Bond Company _____   | Bond no. _____        |                 |                       |