

KINGSBURY COUNTY LOSS HISTORY REPORT CARD



SDML WORKERS' COMPENSATION FUND

YEARS	LOSS RATIOS ¹	CONTRIBUTIONS			CREDITS			NET
		MOD	MANUAL	W/MOD	DIFF +/-	LC	OTHER ²	
2026		1.12	\$54,117	\$60,611	+\$6,494	-\$3,802	-\$18,365	\$38,444
2025	186.83%	1.11			+\$4,836*			
2024	188.86%	1.17			+\$7,489*			
2023	0.75%	1.30			+\$11,854*			
2022	120.19%	1.44			+\$18,033*			
2021	1.05%	1.44			+\$16,415*			
2020	36.27%	1.44			+\$17,756*			
3 YR. AVG.	125.48%							
4 YR AVG.	124.16%							

¹The loss ratios should be less than 60%

²Other Credits = Contribution Discount, Renewal Credit and Return on Equity

*Based on today's dollars

Safety Award: NA

Grant Program: NA

SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE 4/01/2023 – 3/31/2026

COVERAGES	CONTRIBUTIONS	CREDIT	LOSSES	LOSS RATIOS [*]	
			INCURRED	INCURRED ¹	COMPARE
Auto Liability	\$21,240	\$890	\$3,885	19.1%	
Auto Physical Damage	\$65,537	\$2,802	\$30,882	49.2%	
Equipment Breakdown	\$1,682	\$0	\$0	0.0%	
General Liability	\$74,305	\$3,167	\$44,642	62.8%	
Law Enforcement	\$15,051	\$753	\$0	0.0%	
Property	\$77,611	\$2,828	\$59,743	79.9%	
TOTALS	\$255,426	\$10,440	\$139,152	56.8%	58.1%

*The loss ratios should be less than 60%

¹ Loss Ratio: Contributions – Credit = Net Contribution; Loss/Net Contribution

SAFETY & RISK MANAGEMENT TRAINING

YEAR	NEO GOV	AP SAFETY	MSHA	SBI ON-SITE SAFETY TRAINING	JAIL TRAINING	ANNUAL SAFETY CONFERENCE
2025	No	No	Yes	No	No	Yes
2024	No	No	Yes	No	No	Yes
2023	No	No	Yes	No	No	Yes

¹ Did any employees complete NEO GOV online safety training courses?

² Did any employees finish watching AP SAFETY streaming safety videos?

³ Did any employees attend Mine Safety & Health Annual Refresher/Safety Training?

⁴ Did SBI go on site to conduct in person training for this Member?

⁵ Did this Member host/attend Jail Training?

⁶ Did any employees or elected officials attend the Annual Safety Conference?



May 15, 2026

Echo Steffensen, Auditor
Kingsbury County
PO Box 196
DeSmet, SD 57231

Dear Echo,

It was a pleasure meeting with you to review the loss control program. I appreciate your cooperation in providing important and necessary information to complete my survey.

Improvement recommendations have been developed and are enclosed in this letter. These recommendations are to assist you in your loss control efforts. When reviewing the Recommendations for Improvement, please read the disclaimer at the bottom of the attached instruction/disclaimer document. You should note that this survey was a general survey and does not replace your own internal loss control surveys and practices.

We ask that you review the recommendations with members of the board and inform us within 60 days of any actions the board decides to take for each recommendation. Both the SDML Workers' Compensation Fund and the South Dakota Public Assurance Alliance Boards of Trustees and Directors have approved giving a Loss Control Credit to pool members who respond to our Recommendations for Improvement.

If you have any questions or need more information regarding the improvement recommendations, please call me (888) 313-0839. I look forward to continuing working with you and other employees on your loss control efforts. Thank you again for your time and allowing me to be of assistance.

Sincerely,

Jeff Lanning, Loss Control Representative
South Dakota Public Assurance Alliance
SDML Workers' Compensation Fund
jlanning@safety-benefits.com
Cell Phone: 605-933-1896

Enclosure

Contact Person Instructions

- Step 1** Give this instruction sheet and recommendation form (s) to the applicable department.
- Step 2** Follow up with departments to ensure forms are completed within 60 days.
- Step 3** Once forms are returned to you, make copies for your files and return the originals to:

**Safety Benefits, Inc.,
602 E State St
Plankinton, SD 57368**

OR

Email to: smueller@safety-benefits.com

Department Instructions

- Step 1** Enter your name and title on the top of the form.
- Step 2** For each completed recommendation, fill in the "Date Completed" line.
- Step 3** For recommendations that will be completed in the future, enter the anticipated completion date on the "Target Date" line.
- Step 4** Add any comments about the recommendations on the "Comment" line.
- Step 5** After filling out the form, return it to the person who gave it to you. Forms must be turned in within 60 days.

About Recommendations

Improvement recommendations have been developed to assist you in your loss control efforts. Each recommendation is rated with one of the priority levels below:

- **"A" PRIORITY** - Items which should be addressed immediately; hazards which could result in serious accident, injury, or death or items that are needed to prevent a substantial liability exposure.
- **"B" PRIORITY** - Hazards which could result in an accident or injury and should be addressed as part of an ongoing safety observation/hazard abatement program or items needed to prevent potential liability.
- **"C" PRIORITY** - Minor hazards which should be addressed as time and resources allow or items needed as part of a pro-active risk management program.

Disclaimer

This Loss Control Survey does not intend, and Safety Benefits, Inc. is not expected to identify every possible hazardous situation, risk deficiency, code violation, potential area of liability or violation of safe practices. The purpose of the Survey is to identify general areas where improvements can be made. For this reason, no party should rely on the Survey as being a comprehensive identifier of each and every potential workers' compensation or liability situation.

Loss Control Surveys affect neither the Member's responsibilities nor the scope of the coverage provided by the Pool(s), which is determined solely by the provisions of the coverage documents and the I.G.C.

This Survey does not guarantee, assure, or warrant in any way that the Member is in compliance with any Federal, State or Local laws, statutes or regulations or that compliance with the recommendations of this report will eliminate any or all hazards or prevent or eliminate accidents.

Questions, Comments, Suggestions

Please direct any questions, comments or suggestions about these recommendation(s) to Safety Benefits Inc., at the address above or call (888) 313-0839.

Improvement Recommendations - SDPAA/SDML WC
for Kingsbury County (05/14/2026)

Administrative - Echo Steffensen

Name of Person _____
Completing Form: _____ Title: _____

Priority A It is recommended the names of applicants for positions dealing directly with the public be checked against the Sex Offender Registration files for your entity. This can be done through the local Sheriff or Police Department

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Priority A It is recommended a written emergency plan be developed. The plan should cover such emergencies as fire, medical, storms, evacuations, bomb threats, intoxicated person, irate customers, thefts and workplace violence.. Each employee receive a copy of your written emergency plan. Once they have had an opportunity to review it, they should sign an acknowledgment form stating they have received a copy, read and understood it.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Priority A It is recommended your entity run a Motor Vehicle Report on all employees annually to ensure they are in possession of a valid driver's license when driving is a job requirement.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Priority B It is suggested employees that use computers receive office ergonomics training. This can help reduce repetitive motion injury claims.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Priority B It is recommended a written accident/incident investigation procedure be adopted. This procedure should identify who is responsible for accident/incident investigation, what action should be taken, what reports should be generated and once the investigation has been completed who is responsible for reviewing the results.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Priority B

It is recommended all employees be trained in the proper use of portable fire extinguishers. Employees should know when and how to use portable extinguishers. This training should be provided within the past 2 years. Your fire department would be a possible resource for this training. Safety Benefits can also provide you with a video training program on this subject.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Priority B

It is recommended your entity provide defensive driving classes to all employees who drive an entity owned vehicle or their own vehicle on entity business. Minimally, this should be offered every three years. Minimally this should be offered every 3 years as long as some internal training is done within that 3 year period. The internal training could be a safety meeting or completing the on-line defensive driving course. This training may help control some of the losses resulting from motor vehicle accidents. Safety Benefits Inc. can offer the National Safety Council DDC four-hour class for your entity at no charge.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Improvement Recommendations - SDPAA/SDML WC

for Kingsbury County (05/14/2026)

Law Enforcement - Steve Strande

Name of Person _____

Completing Form: _____ Title: _____

Priority A

It is recommended any employee who uses tire deflation devices be properly trained in their use before being allowed to use them. This training should be documented and include the date, location training, name of the instructor, the name and a brief description of the course and the hours attended. You can contact Law Enforcement Training in Pierre for a list of qualified instructors.

Date Completed: _____ If Not, Target Date (Please Explain) _____

Improvement Recommendations - SDPAA/SDML WC

for Kingsbury County (05/14/2026)

Streets/Highways - Sierra Gadsby

Name of Person

Completing Form: _____ Title: _____

Priority B

It is recommended a safety manual be developed. Accidents, in most cases, are caused by elements under human control, therefore, most accidents can be prevented. This safety manual offers an excellent guide for new employee training and can be utilized during monthly safety meetings.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____

Improvement Recommendations - SDPAA/SDML WC

for Kingsbury County (05/14/2026)

Highway Shop - Echo Steffensen

Name of Person _____

Completing Form: _____ Title: _____

Priority A

It is recommended means of egress be continuously maintained free of all obstructions or impediments to ensure instant use in the case of fire or other emergency.



Date Completed: _____ If Not, Target Date (Please Explain) _____

Priority B

It is recommended the fusible link used to hold up the lid on the parts washer be replaced.

Date Completed: _____ If Not, Target Date (Please Explain) _____

Priority C

It is recommended that you keep tools and supplies stored in approved locations when not in use.

Date Completed: _____ If Not, Target Date (Please Explain) _____
