

LETTER TO EMPLOYERS

(Name of Insured)

(Address)

(City, State, Zip Code)

ALASKA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM

WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

The Alaska Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations and is applicable to policies with effective dates on or after January 1, 1996. In order to qualify for the program, the following condition must be met:

More than 50% of manual premium must be attributable to one or more contracting classifications (as designated in the program).

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed Alaska Contractors Classification—Premium Credit Application, as set out on the reverse side of this letter, to the:

National Council on Compensation Insurance, Inc.

Customer Service Center

901 Peninsula Corporate Circle

Boca Raton, Florida 33487

ATTN: EXPERIENCE RATING—AK

NCCI will advise us of any premium credit applicable.

If they do not receive this application within 180 days after policy inception, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and non-contracting) covering your company's operations in the state of Alaska, report the total Alaska payroll, as reported to taxing authorities, (excluding overtime premium pay, and Davis Bacon Benefits) the corresponding total number of hours worked, for the third calendar quarter (JULY, AUGUST, SEPTEMBER) of the year preceding your policy effective date.

Note #1: If you did not engage in contracting operations during the third quarter, the requested information to be provided should, then, be for the last complete calendar quarter prior to the effective date of your workers compensation policy.

Note #2: If you are a new business (no prior operations), submit the requested information, for the first complete calendar quarter following the effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records that formed the basis for this declaration, as we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

Form 54-1 (CCPAP)

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ALASKA CONTRACTS CLASSIFICATION—PREMIUM CREDIT APPLICATION

INSURED:

POLICY NUMBER:

EFFECTIVE DATE:

CARRIER:

Notice: Unless code(s), total wages paid, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. *Contact your agent or carrier* if assistance is desired.

CLASSIFICATION	CODE	TOTAL ALASKA WAGES PAID ⁺	TOTAL HOURS WORKED
Example: Electrical Wiring	5910	\$8,000	520
Non-Contracting Classifications:			

The foregoing is based on actual wages (*excluding overtime premium pay and Davis Bacon Fringe Benefits) and hours worked as reflected in our payroll records for the complete calendar quarter ending _____.

Signature: _____ **Position:** _____ **Date:**
 ___/___/___

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