

(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. 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 premium credit application to:

Email: customer_service@ncci.com

or

National Council on Compensation Insurance, Inc.
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362

NCCI will advise us of any premium credit applicable.

If NCCI does 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 noncontracting) covering your company's operations in Alaska, report the total Alaska payroll, (excluding overtime premium pay, other Alaska exclusions, pay in excess of the maximum individual payroll for executive officers, or the pay in excess of the payroll amount charged to partners and sole proprietors, as shown in the miscellaneous values, and entire pay for any exempt sole proprietor, partner, or officer) and the hours worked for each classification during any calendar quarter (first, second, third, or fourth) in the year preceding the policy effective date as reported to taxing authorities.

Note # 1: You must clearly indicate the calendar quarter that is being submitted.

Note # 2: If you are a new business with no prior operations or there was no complete calendar quarter of operations prior to the policy effective date, submit the requested information for the first complete calendar quarter when available.

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

Note # 4: If you are an existing business with no complete quarter of operations in the year preceding the policy effective date, submit the requested information for the first complete calendar quarter in the policy effective date year when available.

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

Thank you for your cooperation.

Sincerely,

ALASKA CONTRACTORS CLASSIFICATION—PREMIUM CREDIT APPLICATION

INSURED'S NAME: _____

ADDRESS: _____

POLICY NUMBER:_____ **POLICY EFFECTIVE DATE:** _____

CARRIER: _____

Note: If your application does not include the codes, total wages paid, total hours worked, and calendar quarter reported, and is not signed, then it cannot be processed. Contact your agent or carrier for assistance.

CLASSIFICATION	CODE	TOTAL ALASKA WAGES PAID	TOTAL HOURS WORKED
Example: Electrical Wiring	5190	\$8,000	520
Noncontracting Classifications:			

Based on actual wages (excluding overtime premium pay, other Alaska exclusions, pay in excess of the maximum individual payroll for executive officers, or the pay in excess of the payroll amount charged to partners and sole proprietors, as shown in the miscellaneous values, and entire pay for any exempt sole proprietor, partner, or officer) and the hours worked for each classification during any calendar quarter (first, second, third, or fourth) in the year preceding the policy effective date as reported to the taxing authorities.

Complete Calendar Quarter (please circle one):		Calendar Year: _____
1st (1/1–3/31)	2nd (4/1–6/30)	
3rd (7/1–9/30)	4th (10/1–12/31)	

Signature:

Position:

Date: / /

Phone:_____

Email:_____