

(Name of Insured)

(Address)

(City, State, ZIP Code)

ILLINOIS CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (ILCCPAP)

CONFIDENTIAL WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

The Illinois 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 April 1, 1994. In order to qualify for the program, **your policy must have more than 50% of manual premium attributable to one or more contracting classifications (as designated by the program) for Illinois operations only and have a calculated experience modification of less than or equal to 1.00.**

A special premium calculation, which may result in a premium credit for you, will be based on an average hourly wage scale for each classification of contracting operations in Illinois. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of these instructions, to:

National Council on Compensation Insurance, Inc.

Customer Service Center

901 Peninsula Corporate Circle

Boca Raton, FL 33487

ATTN: EXPERIENCE RATING—IL

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. In addition, this application will be returned unprocessed if not completed in its entirety.** The information supplied on this application will be confidential.

For each applicable classification (both contracting and non-contracting) covering your company's operations in the state of Illinois, report the total Illinois payroll (excluding overtime premium pay, vacation pay, unanticipated bonuses, pay for any exempt sole proprietor, partner, or officer, Davis Bacon fringe benefits you pay into any ERISA qualified third party pension plan and other Illinois exclusions) and the corresponding total number of hours worked, for the third calendar quarter (JULY, AUGUST, SEPTEMBER) of the year preceding your policy effective date as reported to taxing authorities.

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. Do not include payroll from any state other than Illinois.

Note #2: If you have just begun operations in Illinois (no prior operations), and have a calculated experience modification equal to 1.00 or less, submit the requested information for the first complete calendar quarter following the effective date of your workers compensation policy when available, excluding any payroll from any state other than Illinois.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week. Payroll for non-exempt partners, sole proprietors and officers subject to contracting classifications will be subject to appropriate **Basic Manual** minimums and maximums or limitations. Do not include payroll for persons not covered by the policy, such as exempt partners, sole proprietors and officers.

Note #4: If you do not have a calculated experience modification equal to 1.00 or less and do not have more than 50% of IL manual premium attributable to one or more qualifying contracting classifications, do not complete and submit this application as you are not qualified for this credit program.

You must 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 12-1 (CCPAP)

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CONFIDENTIAL WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

SECTION ONE

INSURED: _____ **CARRIER:** _____

POLICY NUMBER: _____ **PERIOD: FROM** _____ **TO:** _____

1. Is this business experience rated 1.00 or less? Yes No
- If yes, provide NCCI risk ID#: _____
 - If no, please do not complete and submit the application.

2. Did you have operations in Illinois during the third quarter of the prior calendar year? Yes No
- If yes, in Section Two below, submit information for the **THIRD** calendar quarter (July, August, September) of the year **PRECEDING** the policy effective date as reported to taxing authorities.
 - If no, in Section Two below, submit information for the last complete quarter prior to the effective date of your workers compensation policy. (**Note:** If you have just begun operations in Illinois, submit information for the first complete calendar quarter following the effective date of your workers compensation policy.)

Notice: Unless Code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, the application will be returned unprocessed. Contact your agent or carrier if assistance is desired.

SECTION TWO

<u>CLASSIFICATIONS</u>			
Eligible Contracting Classifications	CODE	TOTAL ILLINOIS WAGES PAID*	TOTAL ILLINOIS HOURS WORKED**

Non-Contracting Classifications:			

* Excluding overtime premium pay—if an employee makes \$20/hour and is paid time and one-half (\$30), only report the payroll based upon the \$20/hour. Also, excluding the salaries and hours worked of any exempt sole proprietor, partner, or officer.

** Including overtime hours.

SECTION THREE

The above is based on actual wages (excluding overtime premium pay, pay for any exempt sole proprietor, partner, or officer, Davis Bacon fringe benefits, and other Illinois exclusions) and hours worked as reflected in our payroll records for the complete calendar quarter ending _____.

SIGNATURE: _____

POSITION: _____

DATE: _____