

(Name of Insured)  
(Address)  
(City, State, Zip Code)

## **CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM APPLICATION FOR NON-ARD STATES**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

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 for your premium to be correctly established, please return the completed 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 33487-1362

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 the state that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and the corresponding total number of hours worked for the third calendar quarter (July, August, September) of the year prior to the effective date of your workers compensation policy.

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, 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,

**CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION**

INSURED: \_\_\_\_\_  
 \_\_\_\_\_

STATE CREDIT BEING APPLIED FOR  
 (NOTE: one state per application): \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ POLICY EFFECTIVE DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_

**NOTE:** 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 WAGES PAID	TOTAL HOURS WORKED
Example: Electrical Wiring	5190	\$8,000	520
<b>Noncontracting Classifications:</b>			

**The foregoing is based on actual wages** (excluding overtime premium pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) **and hours worked as reflected in our payroll records for the complete calendar quarter.**

**Complete Calendar Quarter (please circle one):**

<b>1st (1/1–3/31)</b>	<b>2nd (4/1–6/30)</b>
<b>3rd (7/1–9/30)</b>	<b>4th (10/1–12/31)</b>

Calendar Year: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_