

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

**VIRGINIA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (CCPAP) WORKERS  
COMPENSATION PREMIUM CREDIT APPLICATION**

The Virginia 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, 1997. In order to qualify for the program, more than 50% of your manual premium must be attributable to one or more contracting classifications (as designated in the program) and you must be experience rated.

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

National Council on Compensation Insurance, Inc.  
Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, Florida 33487-0998

NCCI will advise of any premium credit applicable.

**If NCCI does not receive this application within 180 days after policy inception or receipt of notification, 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 Commonwealth of Virginia, report the total Virginia payroll reported to the Virginia Employment Commission and the corresponding total number of hours worked, for the third calendar quarter (July, August, September) of the year preceding your anniversary rating date as reported to taxing authorities.

- Note #1: If you did not engage in contracting operations during the third quarter, provide the requested information for the last complete calendar quarter prior to the anniversary rating 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 anniversary rating 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. Payroll for partners, sole proprietors, and corporate officers subject to contracting classifications will be allocated according to appropriate **Basic Manual** minimums and maximums.
- Note #4: In the absence of a specific anniversary rating date being supplied on the application, it will be assumed that the policy effective date is the same as the anniversary rating date.

You must preserve your anniversary rating date and payroll records that formed the basis for this declaration because we are required to verify the reported information in order to apply any premium credit.

Thank you for your cooperation.

Sincerely,

**WORKERS COMPENSATION—PREMIUM CREDIT APPLICATION**

**INSURED** \_\_\_\_\_

**POLICY NO.** \_\_\_\_\_ **POLICY EFFECTIVE DATE** \_\_\_\_\_ **ANNIVERSARY RATING DATE (as defined in NCCI's Basic Manual)** \_\_\_\_\_

**CARRIER NAME:** \_\_\_\_\_

**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.

Is this a new business? No  Yes

If no, submit information for the third calendar quarter (July, August, September) of the preceding calendar year as reported to taxing authorities.

If yes, submit information for the first complete calendar quarter following the effective date of your workers compensation policy.

The following is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending \_\_\_\_\_.

“Contracting classifications” are those classifications subject to the following code numbers:

0042	5037	5190	5445	5508	6005	6233	7538
0050	5040	5213	5462	5535	6017	6235	7601
1322	5057	5215	5472	5537	6018	6236	7605
1605	5059	5221	5473	5551	6045	6237	7611
2799	5067	5222	5474	5606	6204	6251	7612
3365	5069	5223	5478	5610	6206	6252	7613
3719	5102	5348	5479	5645	6213	6260	7855
3724	5146	5402	5480	5651	6214	6306	8227
3726	5160	5403	5491	5703	6216	6319	9534
5020	5183	5437	5506	5705	6217	6325	9554
5022	5188	5443	5507	6003	6229	6400	

CLASSIFICATION	CODE	TOTAL VIRGINIA WAGES PAID*	TOTAL HOURS WORKED
Example: Electrical Wiring	5190	\$8,000	520
Contracting Classifications:			

\* For each classification code, combine all wages for that code in a single entry. Employee names are not required.

For each application classification (both contracting and noncontracting) covering your company's operations in the Commonwealth of Virginia, report the total Virginia payroll reported to the Virginia Employment Commission, 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 preceding your anniversary rating date as reported to taxing authorities.

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

This application must be completed and signed or it will not be processed.