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

## MARYLAND CONSTRUCTION CLASSIFICATION PREMIUM REDUCTION PROGRAM (CCPRP) WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

The Maryland Construction Classification Premium Reduction Program (Program) is applicable to qualifying employers engaged in contracting operations. In order to qualify for the Program, a policy must have more than 50% of manual premium attributable to one or more contracting classifications (as designated by the Program) and 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 classification of contracting operations. 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:

NCCI
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, Florida 33487-1362
ATTN: EXPERIENCE RATING—MD

NCCI will advise us 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 state of Maryland, report the total Maryland payroll. (Exclude overtime premium pay, vacation pay, unanticipated bonuses, and Davis Bacon fringe benefits you pay into any ERISA qualified third party pension plan, as well as the entire pay for any exempt sole proprietor, partner, or officer.) Also report 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 calendar quarter, provide the requested information for the last complete calendar quarter prior to the policy 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 guarter following the policy 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 40 hours per week. Payroll for partners, sole proprietors, and corporate officers subject to contracting classifications will be allocated according to appropriate *Basic Manual* minimum and maximum payroll limitations.

You must preserve your payroll records, which formed the basis for this declaration, because we are required to verify the reported information before applying for any premium credit.

Thank you for your cooperation.

Sincerely,

TURN PAGE OVER FOR PREMIUM CREDIT APPLICATION

## CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

STATE CREDIT BEING APPLIED FOR (NOTE: one state per application):  POLICY EFFECTIVE DATE:  CARRIER:  NOTE: Unless code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed and dated, it cannot be processed. Contact your agent or carrier if assistance is desired.  CLASSIFICATION CODE WAGES PAID WORKED  Example: Electrical Wiring 5190 \$8,000 520  Noncontracting Classifications:  Noncontracting Classifications:  Noncontracting Classifications:  The foregoing is based on actual wages (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors as shown on the state loss cost 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):  1st (1/1-3/31) 2nd (4/1-6/30) 3rd (7/1-9/30) 4th (10/1-12/31)  CALENDAR YEAR:  SIGNATURE:  POSITION:  DATE:					
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SIGNATURE: POSITION: DATE:	CALENDAR YEAR	R:			
	SIGNATURE:	POSITIO	ON:	DATE:	

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

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**INSURED:**