

**FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS' COMPENSATION - PREMIUM CREDIT APPLICATION**

The above captioned program established for employers engaged in contracting operations may be extended to policies effective during 2007. 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, as set out on the reverse side of this letter to your agent. You will be advised of any premium credit applicable. If you do not complete the application, your premium calculation will not reflect any possible premium credit. To qualify for a premium credit, the minimum hourly wage must be at least \$10.00 per hour in one of the following classifications:

0042	5020	5102	5215	5437	5478	5509	5651	6045	6229	6260	7605	9534
0050	5022	5146	5221	5443	5479	5536	5703	6204	6233	6306	7611	9545
1322	5037	5160	5222	5445	5480	5538	5705	6206	6235	6319	7612	9549
3365	5040	5183	5223	5462	5491	5551	6003	6213	6236	6325	7613	9552
3719	5057	5188	5348	5472	5506	5606	6005	6214	6237	6400	7855	
3724	5059	5190	5402	5473	5507	5610	6017	6216	6251	7538	8227	
3726	5069	5213	5403	5474	5508	5645	6018	6217	6252	7601	9529	

For all classifications (both contracting and non-contracting) covering operations in the State of Florida, state the total Florida payroll (excluding overtime premium pay), and the corresponding total number of hours worked, **for the 3rd calendar quarter of prior year as reported to taxing authorities.**

NOTE #1: If you did not engage in contracting operations during the 3rd quarter of prior year, 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 in which you had contracting operations.

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.

NOTE #3 In the absence of specific hourly records for salaried employees, it will be assumed each such individual worked forty (40) hours per week.

NOTE #4 Attach a copy of your UCT6 (Quarterly Tax Return) to this form for the 3rd quarter of prior year. CREDIT WILL NOT BE PROCESSED WITHOUT THIS UCT6.

PLEASE PRESERVE YOUR PAYROLL RECORDS, WHICH FORMED THE BASIS FOR THIS DECLARATION. WE WILL BE REQUIRED TO VERIFY THE REPORTED INFORMATION IN ORDER FOR ANY PREMIUM CREDIT TO BE APPLIED. THE PAYROLL AND HOURS WILL BE AUDITED, IF NO VERIFICATION, CREDIT WILL BE DELETED. **PLEASE NOTE THE PREMIUM CREDIT CALCULATION IS SUBJECT TO FINAL CALCULATION BY NCCI. REFER TO NEXT PAGE FOR THE PREMIUM CREDIT APPLICATION.**

IMPORTANT REMINDER: All sections of the form must be completed in order to calculate the premium credit. If not completed, the form will be returned.

This is only a summary of insurance coverage's and does not constitute a policy, contract or legal evidence of insurance. For complete policy terms, conditions, limitations and exclusions refer to the policy. I acknowledge these coverages offered.

Initials _____

Date: _____

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Edition 10/18/2007 WC-S-F01

**FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

The Florida 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 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 the:

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

They will advise us of any premium credit applicable.

If NCCI does not receive this application during the policy period, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and non-contracting) covering your company's operations in the state of Florida, report the *total* Florida payroll (excluding overtime premium pay, pay in excess of the maximum individual payroll for executive officers or the 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 prior calendar year as reported to taxing authorities.*

- Note #1. If you did not engage in contracting operations during the third quarter of the prior calendar year, 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 as we will be required to verify the reported information in order for any premium credit to be applied.
Thank you for your cooperation.

Form 09-4 (CCPAP)

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Date: _____

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Edition 10/18/2007 WC-S-F01

WORKERS COMPENSATION—PREMIUM CREDIT APPLICATION

INSURED: _____

POLICY NO.: _____ **EFFECTIVE DATE:** _____

CARRIER NAME: _____

Notice: Unless code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, it cannot be processed. **Contact your agent** 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 prior 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	5057	5221	5473	5538	6017	6235	7601
0050	5059	5222	5474	5551	6018	6236	7605
1322	5069	5223	5478	5606	6045	6237	7611
3365	5102	5348	5479	5610	6204	6251	7612
3719	5146	5402	5480	5613	6206	6252	7613
3724	5160	5403	5491	5645	6213	6260	7855
3726	5183	5437	5506	5651	6214	6306	8227
5020	5188	5443	5507	5703	6216	6319	9534
5022	5190	5445	5508	5705	6217	6325	9554
5037	5213	5462	5509	6003	6229	6400	
5040	5215	5472	5536	6005	6233	7538	

CLASSIFICATION	CODE	TOTAL FLORIDA WAGES PAID ¹	TOTAL HOURS WORKED ²
Example: Electrical Wiring	5190	\$8,000	520.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹ These figures are to exclude overtime premium pay (e.g., employee makes \$16/hour and is paid time and one-half, only report the payroll based upon the \$16/hour), pay in excess of the maximum individual payroll for executive officers or the pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, and as well as the entire pay for any exempt sole proprietor, partner, or officer. For each classification code, combine all wages for that code in a single entry. Employee names are not required.

² Including overtime hours.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement or claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

SIGNATURE: _____ **POSITION:** _____ **DATE:** _____

Form 09-4 (CCPAP)

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Initials _____

Date: _____