

ILLINOIS CONTRACTING CLASSIFICATION
PREMIUM ADJUSTMENT PROGRAM
WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION

Named Insured and Address

Issuing Office/Address

Policy Number	Effective Date	Mailing Date	Agent's Code
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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 the following conditions must be met:

1. More than 50% of manual premium must be attributable to one or more contracting classifications (as designated in the program).
2. You must have an experience modification less than or equal to 1.05.

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 application as set out on the reverse side of this letter, to:

National Council on Compensation Insurance
P O Box 19430
Springfield IL 62794-9430

They will advise us of any premium credit applicable.

If they do 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 non- contracting) covering your company's operations in the state of Illinois, report the **total** Illinois payroll (excluding overtime premium pay) and the corresponding **total** number of hours worked, for the third calendar quarter (JULY, AUGUST, SEPTEMBER) of the previous year 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.

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. Payroll for partners, sole proprietors, and corporate officers subject to contracting classes will be allocated according to appropriate Basic Manual minimum and maximums.

Please preserve your payroll records which 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.

WCCR-IL.LTR

ILLINOIS WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION

INSURED:

ADDRESS:

POLICY NO.

EFFECTIVE DATE

ISSUING OFFICE

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 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	5020	5102	5215	5437	5491	5610	6017	6216	6251	7538	9549
0050	5022	5146	5221	5443	5506	5645	6018	6217	6252	7601	9553
1322	5037	5190	5222	5445	5507	5651	6045	6229	6260	7855	
3365	5040	5183	5223	5462	5508	5703	6204	6233	6306	8227	
3719	5057	5188	5348	5474	5538	5705	6206	6235	6319	9529	
3724	5059	5190	5402	5479	5551	6003	6213	6236	6235	9534	
3726	5069	5213	5403	5480	5606	6005	6214	6237	6400	9545	

CLASSIFICATION	CODE	TOTAL ILLINOIS WAGES PAID	TOTAL HOURS WORKED
EXAMPLE: Electrical Wiring	5190	\$ 8,000(*)	520

Contracting Classifications:

Non-Contracting Classifications:

*These figures are to exclude overtime premium pay, as well as 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.

Signature

Position

Date