

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

SECTION ONE

INSURED:

CARRIER:

POLICY NUMBER:

PERIOD: FROM

TO:

1. Is this business experience rated 1.00 or less? Yes No

- If yes, provide NCCI risk ID#:

- If no, please do not complete and submit the application.

2. Did you have operations in Illinois during the third quarter of the prior calendar year? Yes No

- If yes, in Section Two below, submit information for the **THIRD** calendar quarter (July, August, September) of the year **PRECEDING** the policy effective date as reported to taxing authorities.
- If no, in Section Two below, submit information for the last complete quarter prior to the effective date of your workers compensation policy. (**Note:** If you have just begun operations in Illinois, submit information for the first complete calendar quarter following the effective date of your workers compensation policy.)

Notice: Unless Code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, the application will be returned unprocessed. Contact your agent or carrier if assistance is desired.

SECTION TWO

CLASSIFICATIONS		TOTAL ILLINOIS WAGES PAID*	TOTAL ILLINOIS HOURS WORKED**
Eligible Contracting Classifications	CODE		
Non-Contracting Classifications:			

* Excluding overtime premium pay—if an employee makes \$20/hour and is paid time and one-half (\$30), only report the payroll based upon the \$20/hour. Also, excluding the salaries and hours worked of any exempt sole proprietor, partner, or officer.

** Including overtime hours.

SECTION THREE

The above is based on actual wages (excluding overtime premium pay, pay for any exempt sole proprietor, partner, or officer, Davis Bacon fringe benefits, and other Illinois exclusions) and hours worked as reflected in our payroll records for the complete calendar quarter ending _____.

SIGNATURE:

POSITION:

DATE:
