CONTRACTING CLASSIFICATION—PREMIUM CREDIT APPLICATION

Insured:						
STATE CREDIT BEING A (NOTE: one state per app	- · - · ·					
POLICY NUMBER:	ANNIV POLICY DATE			ERSARY RATING (as defined in Basic Manual)		
CARRIER:						
	vages paid, total hours worked, and c t your agent or carrier if assistance is		r reported are	indicated and a	application is signed,	it
CLASSIFICATION			CODE	TOTAL WAGES PAID	TOTAL HOURS WORKED	
Example: Electrical Wiring			5190	\$8,000	520	
Non-contracting Classificat	ions:					
proprietors as shown on the s	actual wages (excluding overtime prestate rate pages, as well as the entire payroll records for the complete cal	pay for any exe	empt sole pro	oll amount charg prietor, partner,	ged to partners and s or officer) and hours	iole s
Complete Calendar Quar	ter (please circle one):					
4-1 (414 - 0/04)		01/4/4	·/00\			
1st (1/1–3/31) 3rd (7/1–9/30)			2nd (4/1–6/30) 4th (10/1–12/31)			
		7411 (10)1	127017			
SIGNATURE:	POSITI	POSITION: DAT				

Form NC-5000A

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

CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

The 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:

For all applications except Hawaii:

National Council on Compensation Insurance, Inc. Customer Service Center 901 Peninsula Corporate Circle Boca Raton, Florida 33487-1362

For Hawaii applications only:

National Council on Compensation Insurance, Inc. Hawaii Service Center 1001 Bishop Street, Suite 1550 Нопоlulu, HI 96813

NCCI will advise us of any premium credit applicable.

If NCCI does 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 that this credit is being applied for (please note that each state that offers this credit requires a separate application), report the total payroll (excluding overtime premium pay, 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 year preceding your anniversary rating date.

- 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 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.
- Note #4: In absence of specific anniversary rating date being supplied on application, it will be assumed that the policy effective date is the same as the anniversary rating date.

Please preserve your anniversary rating date and payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,