

Workers' Compensation - Contracting Classification Premium Adjustment Program Application

The Contracting Classification Premium Adjustment Program applies to employers that are engaged in construction industry operations only. The credit calculation will be based upon how your average hourly pay rates for each classification of contracting operations compares to state industry standards.

If your company satisfies the requirements and you wish to apply for this credit, please complete the application, and return the application to IRMS at your earliest opportunity.

The most current Contracting Classification Premium Adjustment Program Application can be obtained in the Our Services/Business Insurance/Workers' Compensation Credit Applications section of the IRMSinc.com website.

When completing the application, please follow these directions:

1. Compare the classifications on your Workers' Compensation insurance policy to the list shown on the application to identify those that are eligible.
2. For each classification (both contracting and non-contracting) for operations in the state of Florida, report the total Florida payroll (excluding overtime premium pay) and the corresponding total number of hours worked, for the third calendar quarter (July, August and September) of the prior 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 provided 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 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 hours per week.

Note 4: These figures are to exclude:

- (a) Overtime pay (omit the 50% increase in pay as a result of overtime "time-and-a-half" calculation).
- (b) Pay in excess of the maximum payroll for executive officers, which is currently \$2,500 per week.
- (c) The entire pay and hours for any partner, sole proprietor or officer who is exempt from coverage.

Note 5: For each classification code, combine all wages for that code in a single entry. Employee names are not required.

Note 6: Preserve your payroll records that form the basis for this declaration, as your insurance company will be required to verify the reported information.



AssuredPartners
IRMS

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

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

**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 33487-1362

They will advise us of any premium credit applicable.

If NCCI does not receive this application during the policy period or within three (3) years after the policy period ends, 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 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 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.

Sincerely,

TURN PAGE OVER FOR PREMIUM CREDIT APPLICATION

WORKERS COMPENSATION—PREMIUM CREDIT APPLICATION

INSURED: _____

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

CARRIER NAME: _____

Notice: Unless code(s), total wages paid, total hours worked, and 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	5222	5478	5610	6206	6260
0050	5059	5223	5479	5613	6213	6306
1322	5069	5348	5480	5645	6214	6319
2799	5102	5402	5491	5651	6216	6325
3365	5146	5403	5506	5703	6217	6400
3719	5160	5437	5507	5705	6229	7538
3724	5183	5443	5508	6004	6233	7605
3726	5188	5445	5509	6006F	6235	7855
5020	5190	5462	5535	6017	6236	8227
5022	5213	5472	5537	6018	6237	9534
5037	5215	5473	5551	6045	6251	9554
5040	5221	5474	5606	6204	6252	

CLASSIFICATION	CODE	TOTAL FLORIDA WAGES PAID ¹	TOTAL HOURS WORKED ²
Example: Electrical Wiring	5190	\$8,000	520
Contracting Classifications:			
Noncontracting Classifications:			

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 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:** _____