



MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM

WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

The Missouri Contracting Classification Premium Adjustment Program has been approved for 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:

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

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 of Missouri, report the total Missouri payroll (excluding overtime premium pay, pay in excess of payroll amount charged to partners and sole proprietors, 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 the 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.

Turn Page Over For Premium Credit Application

MISSOURI WORKERS COMPENSATION - PREMIUM CREDIT APPLICATION

INSURED: _____

POLICY NO: _____	POLICY EFFECTIVE DATE: _____	ANNIVERSARY RATING DATE (as defined in NCCI's Basic Manual) _____
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CARRIER: _____

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.

CLASSIFICATION	CODE	TOTAL HI WAGES PAID	TOTAL HOURS WORKED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NON-CONTRACTING CLASSIFICATIONS

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The foregoing is based on actual wages (excluding overtime premium 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 hours worked as reflected in our payroll records for the complete calendar quarter.

Complete Calendar Quarter (please circle one):

1st (1/1 – 3/31)	2nd (4/1 – 6/30)
3rd (7/1 – 9/30)	4th (10/1 – 12/31)

Calendar Year: _____

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 _____