

**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

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

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

<sup>1</sup> 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.

<sup>2</sup> 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:** \_\_\_\_\_