

**MISSOURI CONTRACTING CLASSIFICATION
PREMIUM ADJUSTMENT PROGRAM
WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION**

Named Insured and Address

Issuing Office/Address

Policy Number

Effective Date

Mailing Date

Agent's Code

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 application as set out in the reverse side of this letter to the:

National Council on Compensation Insurance
750 Park of Commerce Drive
Boca Raton FL 33487

They will advise us of any premium credit applicable.

If they do not receive this application, 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) and the corresponding **total** number of hours worked for the third calendar quarter (JULY, AUGUST, SEPTEMBER) of the previous year as reported to taxing authorities.

Note #1: If you did not engage in construction operations during the third quarter of the previous 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 (no prior operations), 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 which form the basis for this declaration as we will be required to verify the reported information in order for any premium credit to be applied.

MISSOURI WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION

INSURED

POLICY NO. EFFECTIVE DATE ISSUING OFFICE

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 MISSOURI WAGES PAID	TOTAL HOURS WORKED
EXAMPLE: Electrical Wiring	5190	\$ 8,000	520

*EXCLUDING OVERTIME PREMIUM PAY.

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete **calendar quarter ending** _____.

Please preserve your payroll records which 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.

Signature Position /Title Date