

Name of Insured: _____
Address: _____
City: _____ State: _____ Zip Code: _____

FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION 2002

The Florida Contracting Classification Premium Adjustment Program has been extended for employers engaged in contracting operations and is applicable to policies with effective dates on or after January 1, 2002.

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, FL 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 2002 premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and non contracting) covering your company's operation 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 solr 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 2001 as reported to taxing authorities.*

Note #1: If you did not engage in contracting operations during the third quarter of 2001, 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 #2: 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.

Turn Page Over For Premium Credit Application

2002 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.

Is this a new business? No Yes

If no, submit information for the third calendar quarter (July, August, September) of 2001 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	5538	6017	6233	7538
0050	5059	5222	5474	5551	6018	6235	7601
1322	5069	5223	5478	5606	6045	6236	7605
3365	5102	5348	5479	5610	6204	6237	7611
3719	5146	5402	5480	5613	6206	6251	7612
3724	5160	5403	5491	5645	6213	6252	7613
3726	5183	5437	5506	5651	6214	6260	7855
5020	5188	5443	5507	5703	6216	6306	8227
5022	5190	5445	5508	5705	6216	6319	9529
5037	5213	5462	5509	6003	6217	6325	9534
5040	5215	5472	5536	6005	6229	6400	9554

	Code	Total Florida Wages Paid	Total Hours Worked*
Example: Electrical Wiring	5190	\$8,000	520
Contracting classifications	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Noncontracting classifications	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* These figures are to exclude overtime premium pay (e.g. an 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, as well as 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.
 *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 _____