

**PENNSYLVANIA CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

Name of Insured _____

Address _____

City _____ State _____ Zip Code _____

The Pennsylvania Construction Classification Premium Adjustment Program has been approved for employers engaged in construction 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 construction operations. In order to qualify for this program, you must have paid an average hourly wage of \$17.50 or more in at least one construction classification during the third calendar quarter (July, August and September) of the year preceding your policy effective date. If you qualify for this program and are also experience rated, the expected losses used in the calculation of your experience modification will be decreased by your policy credit factor. This adjustment will partially offset the premium credit to the extent that your own payroll and loss experience has already been recognized in the experience rating calculation. 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:

Experience Rating Department
Pennsylvania Compensation Rating Bureau
The Widener Building - 6th Floor
One South Penn Square
Philadelphia, PA 19107-3577

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 construction and non-construction) covering your company's operations in the state of Pennsylvania, report the total Pennsylvania payroll (including overtime premium pay) and the corresponding total number of hours worked for the third calendar quarter (JULY, AUGUST, SEPTEMBER) of the year preceding your policy effective date as reported to taxing authorities.

Note #1 If you did not engage in construction operations during the third calendar quarter, 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 such individual worked forty (40) hours per week.

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.

Thank you for your cooperation.

BUREAU FILE NO.: _____

PENNSYLVANIA WORKERS COMPENSATION - _____ PREMIUM CREDIT APPLICATION

NAME OF INSURANCE POLICY _____

INSURANCE COMPANY (Not Agent) _____

POLICY NO. _____ EFFECTIVE DATE: _____

Notice: Unless Code(s), total wages paid as reported to taxing authorities, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. Must include non-construction class code payrolls. Corporate Officers should be included in the appropriate classification subject to payroll limitation rules - \$300 minimum - \$1,450 maximum per week, per officer and a maximum of 520 hours per quarter. Do not include corporate officers who have elected to be excluded from the Workers Compensation Act. Contact your agent and/or insurance company if assistance is desired.

Are you currently engage in a Long Term Construction Project (i.e. Wrap-up)? YES

CLASSIFICATION	PENNSYLVANIA WC CLASS CODE	TOTAL PENNSYLVANIA WAGES PAID THIS QUARTER	TOTAL HOURS WORKED THIS QUARTER (Including O.T.)
Example: Carpentry	651	\$8,000	520
Example: Office	953	\$2,000	400
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature _____ Title _____

Telephone Number _____ Date _____

Address _____ City _____ State _____ Zip Code _____

SEND APPLICATION TO EXPERIENCE RATING DEPARTMENT, PENNSYLVANIA COMPENSATION RATING BUREAU, THE WIDENER BUILDING - 6TH FLOOR, ONE SOUTH PENN SQUARE, PHILADELPHIA, PA 19107-3577

No application will be processed by the Bureau unless such application is filed within 12 months after the termination of the policy period to which it would apply.