

(Name of Insured)  
(Address)  
(City, State, Zip Code)

**VIRGINIA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM (VCCPAP) WORKERS  
COMPENSATION PREMIUM CREDIT APPLICATION**

The Virginia Contracting Classification Premium Adjustment program is applicable to qualifying employers engaged in contracting operations and is applicable to policies with effective dates on or after January 1, 1997. In order to qualify for the program, more than 50% of your manual premium must be attributable to one or more contracting classifications (as designated in the program) and you must be experience rated.

A special premium calculation, which may result in a premium credit for you, will be based on hourly wage scales for each contracting classification. 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, Florida 33487-0998

NCCI will advise of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy inception or receipt of notification, your premium calculation will not reflect any possible premium credit.

For each applicable classification covering your company’s operations in the Commonwealth of Virginia, report the total Virginia payroll reported to the Virginia Employment Commission 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 contracting operations during the third quarter, provide the requested information 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. Payroll for partners, sole proprietors, and corporate officers subject to contracting classifications will be allocated according to appropriate **Basic Manual** minimums and maximums.

You must preserve your payroll records that formed the basis for this declaration because we are required to verify the reported information in order to apply any premium credit.

Thank you for your cooperation.  
Sincerely,

**WORKERS COMPENSATION—PREMIUM CREDIT APPLICATION**

**INSURED:** \_\_\_\_\_

<b>POLICY NO.</b>	<b>EFFECTIVE DATE</b>	<b>ISSUING OFFICE</b>
_____	_____	_____

**CARRIER  
NAME:** \_\_\_\_\_

**Note: 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 or carrier 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 preceding 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 | 5037 | 5188 | 5437 | 5491 | 5651 | 6213 | 6252 | 7855 |
| 0050 | 5040 | 5190 | 5443 | 5506 | 5703 | 6214 | 6260 | 8227 |
| 1322 | 5057 | 5213 | 5445 | 5507 | 5705 | 6216 | 6306 | 9534 |
| 1605 | 5059 | 5215 | 5462 | 5508 | 6003 | 6217 | 6319 | 9545 |
| 3365 | 5067 | 5221 | 5472 | 5536 | 6005 | 6229 | 6325 |      |
| 3719 | 5069 | 5222 | 5473 | 5538 | 6017 | 6233 | 6400 |      |
| 3724 | 5102 | 5223 | 5474 | 5551 | 6018 | 6235 | 7538 |      |
| 3726 | 5146 | 5348 | 5478 | 5606 | 6045 | 6236 | 7601 |      |
| 5020 | 5160 | 5402 | 5479 | 5610 | 6204 | 6237 | 7611 |      |
| 5022 | 5183 | 5403 | 5480 | 5645 | 6206 | 6251 | 7612 |      |

CLASSIFICATION	CODE	TOTAL VIRGINIA WAGES PAID*	TOTAL HOURS WORKED

CLASSIFICATION	CODE	TOTAL VIRGINIA WAGES PAID*	TOTAL HOURS WORKED

\* For each classification code, combine all wages for that code in a single entry. Employee names are not required.

For each application classification (both contracting and noncontracting) covering your company's operations in the Commonwealth of Virginia, report the total Virginia payroll reported to the Virginia Employment Commission 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.

**SIGNATURE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This application must be completed and signed or it will not be processed.