

**NEW YORK WORKERS COMPENSATION
PREMIUM CREDIT APPLICATION**

INSURED _____ COVERAGE ID NO. _____
 (DO NOT LEAVE POLICY # BLANK) COMPLETE (DO NOT LEAVE CARRIER BLANK)
 POLICY NO. _____ EFFECTIVE DATE _____ CARRIER _____

NOTICE: This application will not be processed unless it is signed and completed in its entirety. Contact your agent, broker, or insurance company if assistance is needed. If the application is not sent to the Rating Board three (3) months prior to renewal, a letter, on the insured's letterhead, addressed to the Rating Board, must be attached to the application, indicating why it was not sent in on time. If there is no letter with the application, it will not be processed.

- 1. Qualifications** – An insured must be experience rated for the policy period applied for and must have an average hourly wage of \$23.25 or higher per hour under an eligible classification code, for policies effective 10/1/13 and later. For policies effective prior to 10/1/13, the average hourly wage must be \$15.50 or higher. Include all eligible and non-eligible codes on the application. *Always visit the website for the most current CPAP form or any changes to the program.*
- Classification(s), Code(s), Total Wages Paid for residential work only or Limited Payroll for commercial work applicable to the Payroll Limitation Law, Total Hours Worked and calendar quarter reported must be indicated. Once completed, keep a copy for yourself.

 NOTE: Limited Payroll for commercial work means the weekly maximum (see attached) for work on structures other than one or two family dwellings in accordance with the Payroll Limitation Law. If you perform commercial work under any eligible code(s) enter each employee for the weekly maximum only and their total hours worked (ex. 13 weeks X Limited Payroll (see attached) = total wages).
- Construction and non-construction wages must be included. DO NOT include the payrolls for subcontractors and independent contractors. A separate application is required for each policy. The eligibility and determination of a CPAP factor will be done on a per policy basis. This includes insured's that are combined for experience rating purposes and for wrap-up policies.
- Each executive officer's wage and title is to be separately shown under the appropriate classification code. Hours worked for each executive officer are to be stated as 520 per quarter (if the executive officer(s) are excluded from coverage, then no entry is required).

<u>CLASSIFICATION</u>	<u>CODE</u>	<u>3RD QUARTER NEW YORK WAGES PAID*</u>	<u>TOTAL HOURS WORKED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* EXCLUDING OVERTIME PREMIUM PAY. Overtime premium pay is the wage paid above the straight time hourly pay. Ex: If an employee earns \$20/hr. but earns overtime pay at an hourly rate of \$30, exclude the additional \$10. Include the total hours worked at straight time wage not time and one half.

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending _____. Do not send payroll records or tax forms.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NAME _____ TITLE _____
 SIGNATURE _____ TELEPHONE NUMBER _____ DATE _____
 EMAIL ADDRESS _____

**NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
APPLICATION INSTRUCTIONS**

- 1) **Determine the classification code** applicable to *all employees* of the business. This includes clerical workers, salespersons and executive officers (unless they are excluded from coverage) but does *not* include subcontractors and independent contractors. Eligible classification codes are shown below.
- 2) **List each classification code** on the application (unless the insurance carrier has already done so). *This includes* both *eligible* and *non-eligible* classification codes. Any information that is not filled out or left blank, the application will not get processed and not get credited as sent to the Rating Board.
- 3) **Determine the limited payroll** (excluding premium overtime pay, bonuses, commissions) and hours worked for each employee performing commercial work in accordance with the Payroll Limitation Law. For employees performing work on one or two-family residential housing, report the total gross wages and hours worked. The program uses the third quarter (July, August, and September) payrolls as shown below:

<u>Policy Effective Date</u>	<u>Third Quarter Payroll</u>	<u>LIMITED PAYROLL</u>
April 1, 2016 thru March 31, 2017	2015	\$1266.44
April 1, 2017 thru March 31, 2018	2016	\$1296.48
April 1, 2018 thru March 31, 2019	2017	\$1305.92
April 1, 2019 thru March 31, 2020	2018	\$1357.11
April 1, 2020 thru March 31, 2021	2019	*
April 1, 2021 thru March 31, 2022	2020	*

*To Be Determined

NOTES ON ITEM #3

(Premium overtime pay is the amount paid over and above straight time. As an example, if someone worked 40 hours @ \$6 an hour and 2 hours @ \$9 an hour, the employee should be included on the application for 42 hours @ \$6 per hour (\$252). The additional \$3 paid for the 2 hours of overtime is excluded as long as the payroll records are properly maintained.) (Overtime is included as straight time not time and half.)

Total the payrolls and hours worked by classification code as well as by the type of work performed (residential or commercial). List each applicable classification code on the application showing the residential total payroll and the limited commercial payroll on separate lines. This means that the same classification code could appear twice on the same application. Hours worked for non-eligible classification codes are not required. The payrolls of all employees are to be included, even those earning an hourly wage that is less than the minimum hourly wage for eligibility under the program (\$23.25 per hour for policies effective 10/1/13 and later or \$15.50 per hour for policies with effective dates prior to 10/1/13).

The program grants credits based on the *average* hourly wage for those classification codes eligible for the program. A separate application is required for each policy. The eligibility and determination of a CPAP factor will be done on a per policy basis. This includes insured's that are combined for experience rating purposes and for wrap-up policies.

- 4) List *each* executive officer on a *separate* line showing the applicable classification code for each executive officer if they are included. Also indicate each executive officer's title (if the executive officer(s) are excluded from coverage, then no entry is required).
- 5) List the **actual quarterly wages** for each executive officer (if the executive officer(s) are excluded from coverage, then no entry is required). If the officer is included under a classification code that is eligible under the Payroll Limitation Law, use the limited payroll for that executive officer for the required 520 hours per quarter.

6) Sign, date and mail the application to: **New York Compensation Insurance Rating Board**
Or email to (*Preferred & Recommended*): 733 Third Avenue
CPAP@NYCIRB.org

New York, NY 10017
Attention: Terry Gerics, Sr. Specialist

Applications can also be entered using our online system starting 3 months (not before) prior to renewal at: <http://www.nycirb.org/classification-premium-adjustment>

FAQ's are located at: http://www.nycirb.org/faq_cpap.php

Corrections, incorrect applications or confirmation of applications received, will be notified on those that were sent via email only. It is suggested that you send applications via email that that reason.

ELIGIBLE CLASSIFICATION CODES

0042	5000	5059	5184	5221	5403	5462	5491	5538	5645	5709	6045	6233	6306	7536	9526	9549
3365	5022	5069	5188	5222	5428	5473	5506	5545	5648	6003	6204	6235	6319	7538	9527	9553
3724	5037	5102	5190	5223	5429	5474	5507	5547	5651	6005	6216	6251	6325	7601	9534	
3726	5040	5160	5193	5348	5443	5479	5508	5606	5701	6017	6217	6252	6400	7855	9539	
3737	5057	5183	5213	5402	5445	5480	5536	5610	5703	6018	6229	6260	6701	8227	9545	

NOTE: This application must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the policy effective and expiration date, however, it must be accompanied by a letter stating the reason for the delay. The submission of a revised application must be received no later than one (1) year after the expiration date of the policy to which the credit applies.

Under no circumstances will an original application be accepted for any policy if it is received after the expiration date of the policy, nor will a revised application be accepted if it is received later than one (1) year from the expiration date of the policy to which the credit applies. For short-term policies, the application must be received prior to the expiration date of the short-term policy.

A credit will not be calculated if any application is received beyond the required dates of receipt.