FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM BIL620

WORKERS' COMPENSATION PREMIUM CREDIT APPLICATION AND WORKSHEET

Insurer _____

Employer _____

Account number _____ Period: From _____ to _____

(1) CLASS CODE	(2) TOTAL FLORIDA WAGES PAID*	(3) TOTAL HOURS WORKED	(4) MANUAL RATE	(5) MANUAL PREMIUM	(6) AVERAGE HOURLY WAGE	(7) CREDIT PERCENTAGE	(8) CREDIT DOLLAR AMOUNT
		TOTAL MANUAL PREMIUM (ALL CLASSIFICATIONS)				TOTAL CREDIT	

* Excluding premium overtime pay.

NOTE: xxx = Non-contracting codes

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The foregoing is based on actual wages and hours worked,
as reflected in our payroll records, for the complete calendar quarter ending **(9)** _____ .

(10) Signature _____ **(11)** Position _____ **(12)** Date _____

Total credit divided by total manual premium = Policy credit _____

1.00 – Policy credit = Policy credit factor _____