



**Pennsylvania Compensation Rating Bureau**

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**PENNSYLVANIA CONSTRUCTION CLASSIFICATION PREMIUM CREDIT APPLICATION**

The Pennsylvania Construction Classification Premium Adjustment Program provides for a premium credit for up to one year for a policy which contains one or more construction classifications. A special premium calculation, which may result in a **workers compensation** 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 at least an average hourly wage in at least one construction classification during the third calendar quarter (July, August, September). Refer to table below.**

The premium credit application may be completed on-line, saved and emailed to [pccpap@pcrb.com](mailto:pccpap@pcrb.com). You may also mail a copy of the completed application to the **Experience Rating Department, Pennsylvania Compensation Rating Bureau** at the above address. The Bureau will advise your carrier of any premium credit applicable.

If we 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 indicated in the table below as reported to taxing authorities.

Note #1: If you did not engage in construction operations during the third 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 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.

Please preserve your payroll records which formed the basis for this declaration as your carrier will be required to verify the reported information in order for any premium credit to be applied.

<u>Policy Effective Date</u>	<u>Quarter Used</u>	<u>Qualifying Rate</u>
10/01/18 - 09/30/19	Third 2017	\$30.55
10/01/19 - 09/30/20	Third 2018	\$31.30
10/01/20 - 09/30/21	Third 2019	\$32.25
10/01/21 - 09/30/22	Third 2020	\$33.70

**PENNSYLVANIA WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

NAME ON INSURANCE POLICY\* \_\_\_\_\_

INSURANCE COMPANY (Not Agent)\* \_\_\_\_\_

POLICY NO\* \_\_\_\_\_ EFF. 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. Non-construction class code payrolls must be included. Corporate Officers should be included in the appropriate classification subject to payroll limitation rules. 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 engaged in a Long Term Construction Project (i.e. Wrap-up)?**     YES

CLASSIFICATION DESCRIPTION*	PENNSYLVANIA WC CLASS CODE*	TOTAL PENNSYLVANIA WAGES PAID THIS QUARTER*	TOTAL HOURS WORKED THIS QUARTER (Including O.T.)*
<b>Example: Carpentry</b>	651	<b>\$8,000</b>	460
<b>Example: Office</b>	953	<b>\$3,000</b>	520

**Do you have more than 15 classes?**     YES     NO

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

Completed by\* \_\_\_\_\_ Title\* \_\_\_\_\_

**The above person certifies that the information provided is accurate.**

Telephone Number\* \_\_\_\_\_ Date\* \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Employer's Email address\* \_\_\_\_\_

**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.**