Worker's Compensation Premium Credit Application - Illinois

State: Illinois **Bureau File#:** _____

Insured: _____

Policy #: _____ **Effective Date:** _____ **Carrier:** _____

Notice: Unless *Code(s)*, *Total Wages Paid*, *Total Hours Worked* and *Calendar Quarter Ending* are entered below and application is signed, this form will not be processed. Must include non-construction class code payrolls. Contact your agent for assistance.

Is this a new business? ☐ No ☐ Yes

If no, submit information for the third calendar quarter (July, August, September) of the preceding calendar as reported to taxing authorities. If yes, submit information for the first complete quarter following the effective date of your worker's compensation policy.

Classification:	**Class Code**	**Total Illinois Wages Paid ***	**Total Hours Worked (Incl. O.T.)**
Example: Electrical Wiring Contracting Classification:	5190	$8,000	520
Non-contracting Classification:			

* *EXCLUDING OVERTIME PREMIUM PAY, VACATION PAY AND UNANTICIPATED BONUSES, AND DAVIS-BACON FRINGE BENEFITS YOU PAY INTO AN ERISA QUALIFIED THIRD PART PENSION PLAN. FOR EACH CLASSIFICATION CODE, COMBINE ALL WAGES FOR THAT CODE IN A SINGLE ENTRY. EMPLOYEE NAMES ARE NOT REQUIRED. WAGES OF EXECUTIVE OFFICERS, PARTNERS AND SOLE PROPRIETORS are to be excluded.*

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

Signature	**Position**	**Date**
Address	**City, State and Zip Code**	**Telephone number**

PLEASE MAIL APPLICATION TO THE APPROPRIATE BUREAU