Worker's Compensation Premium Credit Application - Missouri

Insured: _____

Federal Employers ID No.: _____

Policy Number: _____ **Effective Date**: _____

Issuing Office: _____

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. Contact your agent for assistance.

Classification	Code	Total Missouri Wages Paid *	Total Hours Worked
Example: Electrical Wiring	5190	$8,000.	520.

* *Excluding Overtime Premium Pay and Wages of Executive Officers, Partners and Sole Proprietors*

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 _____