

**NEW YORK WORKERS COMPENSATION
PREMIUM CREDIT APPLICATION**

INSURED _____ **COVERAGE ID NO** _____
CARRIER _____ **POLICY NO** _____ **CREDIT EFFECTIVE DATE** _____

(Top portion of this application must be completed in its entirety or it will be rejected)

- NOTE: a) This application will not be processed unless it is signed and completed in its entirety. If you need assistance completing this form, contact your agent, broker, or insurance company. b) Application must be received by the Rating Board within three (3) months prior to the renewal policy taking effect. If the application is not received within this timeframe, it is considered late and will not be accepted without a note indicating the reason for the late submittal. This reason can be noted on the CPAP web application in the reason for delay box or a letter addressed to the Rating Board, on the insured's letterhead emailed to cpap@nycirb.org.
- 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 under an eligible classification code. Include all eligible and non-eligible codes on the application.
- Classification 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 completed on a per policy basis including 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(S)</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) The top portion of the application must be completed entirely: Insured's Name, Coverage Identification Number, Carrier Name, Policy Number and the Credit Effective Date. The Credit effective date is for the policy period in which the credit will be applicable.
- 2) Determine the classification code applicable to *all employees* of the business, including clerical workers, salespersons, and executive officers (unless they are excluded from coverage). Do *not* include subcontractors and independent contractors. List each classification code on the application. *This includes both eligible and non-eligible classification codes.* If classification details are not included the Rating Board will not be able to determine if a credit is applicable and therefore the application will be declined.

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	

*Discontinued effective October 1, 2021

- 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, 2021 thru March 31, 2022	2020	\$1450.17
April 1, 2022 thru March 31, 2023	2021	\$1594.57
April 1, 2023 thru March 31, 2024	2022	\$1688.19

- (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 payroll amounts 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.
 - 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) For prompt processing, it is recommended that you submit the application using our online system http://www.nycirb.org/nycirb-portal/premium_adjustment/index.php. You may also submit the application via email to cpap@nycirb.org or regular mail to New York Compensation Insurance Rating Board, 733 Third Avenue, 4th floor, New York, NY 10017 Attention: Audit Division. When submitting via email or regular mail please make sure the application is signed and dated or it will be rejected.

NOTE: This application must be received by the Rating Board within three (3) months prior to the renewal policy 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, or a note entered on the CPAP web application, 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.

FAQs are available at: https://www.nycirb.org/nycirb-portal/premium_adjustment/CPAPOnlineFAQ.pdf