

WISCONSIN CONTRACTOR'S PREMIUM ADJUSTMENT PROGRAM

ELIGIBILITY REQUIREMENTS

- ✓ **Must have current worker's compensation insurance coverage**
- ✓ **Must have at least one contracting classification (see *list of valid codes in FAQ section*)**
- ✓ **Pay a minimum average hourly wage of \$30.11 to contracting employees for credits effective 7/1/2020 to 6/30/2021**
- ✓ **50% of payroll or premium must be in the contracting operations of the business**
- ✓ **Must be commonly owned by a separate entity that meets all of the above requirements**

If all of the above requirements are not met, you do not qualify, and need not apply.

GENERAL INSTRUCTIONS

In order for the WCRB to calculate the proper WCPAP Credit Factor, the application must contain all the requested information and must include information on all of your operations, both contracting and non-contracting. You must check that all information submitted in the application is valid and complete to the best of your knowledge.

Keep in mind that application of a Policy Credit Factor is subject to audit; therefore, please preserve your payroll records upon which the Premium Credit Factor application is based. Information submitted by any method other than form WCPAP.ED11 in Forms on wcrb.org Web site is not acceptable.

By submitting this application through the wcrb.org Web site, the applicant is consenting to apply for a premium credit in electronic fashion for this specific transaction. The electronic signature contained within this application is enforceable and cannot be denied legal effect pursuant to WIS STAT 137.15(1)

SPECIFIC INSTRUCTIONS

THE FOLLOWING INFORMATION IS REQUIRED WHEN SUBMITTING A WCPAP APPLICATION:

Coverage ID—If you do not know your Coverage ID, click on the Coverage ID Lookup to search for the ID. Once you locate your company, click on the Coverage ID number, and you will be returned to the form. **DO NOT CHOOSE ANY NAME SIMILAR TO YOURS THAT SHOWS A "WU" IN THE NAME.** This is a wrap-up, and it is not eligible for the Contractor's credit.

Employer Name—The name listed on your WC policy

Employer Address, City, State, and Zip Code—The address listed on your WC policy

E-mail Address—The address entered must be a valid e-mail address and will be used for notification of the WCPAP Application results.

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Please submit information (base wages paid and regular hours worked) for the 3rd QTR, i.e., July-September of **2019**. If you did not engage in contracting operations during the 3rd QTR of **2019**, you may use the 3rd QTR of **2018**.

WC Code Numbers—Enter the 4 digit numbers from your latest worker's compensation insurance policy. Refer to the Information Page of your WC Policy Item 4 for verification. Please report base wages paid that coincide with each of these codes. Report wages for all entities covered during the period of time for which you are reporting.

Total 3rd QTR Base Wages Paid—Please show the total gross Wisconsin wages paid for each WC code number for which there was payroll during the 3rd QTR of **2019**, or **2018** if there was no contracting business in **2019**. Gross wages are prior to the deduction of State and Federal taxes and Social Security, and **include salaries, wages, commissions, and bonuses**.

Exclude the following: Pay for holidays, vacations, periods of sickness, and overtime. Overtime wages are the extra monies paid for overtime in excess of the regular rate and regular hours worked.

IMPORTANT NOTE: all fields must be filled in if you have reported a WC code number. Do not enter spaces, decimals, or commas. If there was no payroll for the WC Code Number, do not report that code.

Each covered Executive Officer's, Partner's, Sole Proprietor's, or Member's wages should be limited to the values in the application.

Please show the applicable WC code number(s) for each covered Executive Officer, Partner, Sole Proprietor, or Member.

Total 3rd QTR Hours Worked—The total number of hours worked must be reported which coincide with each WC Code number listed and wages reported.

IMPORTANT NOTE: all fields must be filled in if you have reported a WC code number. Do not enter spaces, decimals, or commas. If there were no Hours Worked for the WC Code Number, do not report that code.

All information submitted is subject to an audit prior to the application of the Credit Factor. If you are submitting revised information, you must report **all revised and previously reported** information.

APPLICATION IS SUCCESSFULLY SUBMITTED ONCE THE PRINTABLE VERSION OF THE APPLICATION APPEARS WITH A CONFIRMATION AND DATE SUBMITTED AT THE TOP OF THE PAGE. ALL ERRORS INDICATED BY AN X IN A RED CIRCLE MUST BE CORRECTED FOR A VALID SUBMISSION.

(Note: No policy may be canceled and rewritten to take advantage of the provisions of this Program. The normal Rating Effective Date rules apply.)