

**WORKERS' COMPENSATION
MASSACHUSETTS CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
APPLICATION**

INSURED

FEDERAL EMPLOYERS ID NO.

ADDRESS

CITY

STATE

ZIP

POLICY NO. _____ **EFFECTIVE DATE** _____

NOTICE: Unless Code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, it cannot be processed. Contact your agent if assistance is desired.

CLASSIFICATION(S)	CODE	TOTAL MASSACHUSETTS WAGES PAID *	TOTAL HOURS WORKED

* **EXCLUDING OVERTIME PREMIUM PAY.**

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

Does the **TOTAL MASSACHUSETTS WAGES PAID** and **TOTAL HOURS WORKED** include those of the wrap-up policy? Yes _____ No _____

SIGNATURE _____ **POSITION** _____ **DATE** _____