

CONSOLIDATED CONSTRUCTION SAFETY FUND OF ILLINOIS

ACORD APPLICATION SUPPLEMENT

1. Company Name:	County:	
2. Contact:	Phone:	Fax:
3. Does the company PRIMARILY perform: Commercial Construction <input type="checkbox"/> Residential Construction <input type="checkbox"/>		
4. Is the company currently in the Assigned Risk Pool? Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Is the company: Union <input type="checkbox"/> Non-Union <input type="checkbox"/>		
6. What industry trade associations does the company belong to?		
a.	b.	
7. Does your company have an Early Return to Work/Light Duty Return to Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not, would you be willing to work with CCSFI Claim Staff in getting people back to work to mitigate claims exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Chartered under the laws of the State of:	Date:	
9. Date of commencement of business in Illinois:		

PAYROLL INFORMATION

We will need your **AUDITED** Workers' Compensation payroll information for the past four (4) years, the amount of premium paid for each year, and estimated payroll and premium for the current year.

Year	Total AUDITED Workers' Compensation Payroll	Amount of AUDITED Premium Paid
4th Year Prior		
3rd Year Prior		
2nd Year Prior		
1st Year Prior		
Current Year (estimate)		

We will also need the current and prior year NCCI Experience Modification Rating Worksheets