

Contractor Enrollment Application



UCWCP

Union Construction Workers' Compensation Program
Administered by Wilson-McShane Corporation
www.ucwcp.com

Once complete, please submit the application and copy of your most recent payroll audit to ucwcp@wilson-mcshane.com. Please contact the UCWCP at (952) 851-5943 with any questions.

Company Information

Company Name

Street Address

Mailing Address

Phone

Fax

Contact Information

Officer Contact Name

Title

Phone

Email Address

Financial Contact Name

Title

Phone

Email Address

Safety Contact Name

Title

Phone

Email Address

Claims Contact Name

Title

Phone

Email Address

Workers' Compensation Insurance Provider

Provider Name

Underwriter Name

Policy Renewal Date

Work Comp Annual Premium

Insurance Agency/Broker

Agency Name

Agent/Broker Name

Agent/Broker Email Address

Agent/Broker Phone

Extension

Account Executive Name

Account Executive Email Address

Account Executive Phone

Extension

Experience Modification Rating History

Current Year

1 Year Ago

3 Years Ago

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Injury Care Information

Company representative to receive work restrictions/medical information

Email Address

Name of clinic, if any, designated for work-related medical care

Location

Please Indicate Services Arranged for (check those related)

- Pre-Employment:** Strength Testing Physical Exams Other
- Annual Exams:** D.O.T. Respirator Hearing Other
- Drug Testing:** Pre-employment Post-incident Reasonable suspicion Random Project-specific

List the average number of employees during the most recent, busiest four-month period:

| Participating Union Trades | # Emp |
|--|-------|
| Bricklayers Local #1 – statewide | |
| Cabinet Makers Local #1865 | |
| Carpenters – statewide | |
| Carpet Linoleum & Resilient Tile Layers | |
| Cement Masons Local #633 – statewide | |
| Drywall Tapers Local #61, 386, 681 | |
| Electrical Workers Locals #110, 292, 343 | |
| Glaziers Local #1324 | |
| Heat & Frost Insulators Local #34 | |
| Iron Workers Local #512 – statewide | |
| Laborers – statewide | |
| Millwrights – statewide | |
| Operating Engineers Local #49 – statewide | |
| Painters Locals #61, 386, 681, 880 | |
| Pipe Fitters Local #455, 539, 11, 589 | |
| Plasterers Local #265 – Twin Cities | |
| Plumbers Locals #15, 34, 11, 589 | |
| Roofers Local #96 – statewide | |
| Sheet Metal Workers' Local #10 – statewide | |
| Teamsters (Highway/Heavy) – statewide | |
| Total Employees | |

| Non-Participating Trades | # EMP |
|-------------------------------|-------|
| Boilermakers Local #647 | |
| Sprinkler Fitters Local #417 | |
| IBEW Locals #242, 294 | |
| Painters Locals #884, 106 | |
| Plumbers and Fitters Local #6 | |
| Other | |
| Total Employees | |

Program Compliance

Signatory contractors and unions have empowered the Trustees for the Union Construction Workers' Compensation Program (UCWCP) to develop rules, regulations and procedures for the operation of this alternate workers' compensation administrative program. Our company agrees to be bound by the rules, regulations, and procedures of the UCWCP.

In addition, our company authorizes the Minnesota Workers' Compensation Insurers Association, Inc., (MWCIA) to release our Minnesota Contractors Premium Adjustment Program (MCPAP) and experience modification information to the Program Administrator of the UCWCP. Our company authorizes our workers' compensation insurance provider (insurance carrier, third-party administrator or self-insured fund) to release class code, payroll, premium, experience modification and reported claims information to the Program Administrator of the UCWCP. This authorization will remain in full force and effect until our company no longer participates in the Union Construction Workers' Compensation Program, at which time these authorizations will be revoked.

Owner/Officer

Title

Date

By checking the box and printing my name above, I authorize electronic consent.