

CONTRACTOR ENROLLMENT APPLICATION

(Updated April 2009)

Union Construction Workers' Compensation Program

Administered by Wilson-McShane Corporation

Attention: Kevin Gregerson

3001 Metro Drive, Suite 500

Bloomington MN 55425

Telephone: (952) 851-3462 • Fax: (952) 851-3566

Company Name: _____

Street address

Mailing address

Phone

Fax

()
()

Web site: _____

Contact name

Title

Type

Phone

Email

Officer ()
Financial ()
Safety ()
Claims ()

WORKERS' COMPENSATION INSURANCE PROVIDER

Name: _____

Underwriter name: _____

Policy renewal date: _____

W.C. Annual Premium: _____

Experience Modification Rating History:

Current Year: _____

1 year ago: _____ **2 years ago:** _____

INSURANCE AGENCY/BROKER

Agency Name: _____

Mailing address:

Agent/Broker name: _____

Phone: () _____ **ext.** _____

Account Exec name: _____

Phone: () _____ **ext.** _____

Review and complete the **Enrollment Checklist** (See our Web site: www.ucwcp.com/documents), and provide the documents requested in the checklist along with this **Enrollment Application**. Submit the documents to the address listed on the front, top of this form.

INJURY CARE INFORMATION

Company representative to receive work restrictions/medical information:

Name: _____ Fax Number: _____

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

Clinic Name	Location

Please indicate services arranged for (circle those used):

Pre-employment: Strength testing Physical Exams Other: _____

Annual Exams: D.O.T. Respirator Hearing Other: _____

Drug Testing: Pre-employment Post-injury Reasonable Suspicion Random

LIST THE AVERAGE NUMBER OF EMPLOYEES DURING THE MOST RECENT, BUSIEST FOUR-MONTH PERIOD

PARTICIPATING UNION TRADES	# EMP	NON-PARTICIPATING TRADES	# EMP
Asbestos Heat & Frost Local #34		Boilermakers Local #647	
Bricklayers Local #1 – statewide		Sprinkler Fitters Local #417	
Cabinet Makers Local #1865		IBEW Locals # 343, 242 & 294	
Carpenters - statewide		Painters Locals #884 and 106	
Carpet, Linoleum and Resilient Tile Layers -		Plumbers and Fitters #589	
Cement Masons (finishers) Local #633		Plumbers and Fitters Local #6	
Electrical Workers Locals #110 and 292		OTHER:	
Glaziers Local #1324			
Iron Workers Local #512 – statewide			
Laborers – statewide			
Millwrights - statewide			
Operating Engineers Local #49 – statewide			
Painters Locals #61 and 386			
Pipe Fitters Locals #455 and 539			
Plasterers Local #265 – Twin Cities			
Plumbers and Fitters Local #11			
Plumbers Locals #15 and 34			
Roofers Local #96 - statewide			
Sheet Metal Workers' Local #10 – statewide			
Teamsters (Highway/Heavy) – statewide			
TOTAL		TOTAL	

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, experience modification and reported claims information to the Program Administrator of the UCWCP. These 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.

Signature of Owner/Officer _____ Title _____ Date _____