



Owner-Controlled Insurance Program Manual

Appendix C, Exhibit D

Version 3.9 Issued 25 January 2018

Contract Firm Workers' Compensation Insurance Information

Instructions: Complete a separate form for each agreement. The Contract Firm/Subcontract Firm completes this form annually upon request and submits to Pillar Group Risk Management, Attention: Kari Hendrix, 11708 North College Avenue, Carmel, IN 46032; email khendrix@pillargroup.com

Contract Firm Information

Contract/Subcontract Firm Name
Street Address
City State Zip (5 digit Code)
Phone Fax

Agreement Information

Reporting Period From To
Name of Contracting Party
Working Under Agreement With
Contract Amount

Payroll Information

Table with 6 columns: Workers' Compensation Classification Code, Hours, Straight Time Wage Rate, Overtime Hours, Overtime Rate, Payroll In Dollars

By submitting this document, I certify that the data above is correct.

Note: All items highlighted in yellow must be completed in order to submit form.