**LABOR MARK-UP FOR INSURANCE AND TAXES**

PROJECT NO. : DATE:

DESCRIPTION:

CONTRACTOR:

ADDRESS:

TOWN/CITY, STATE, ZIP:

TELEPHONE NUMBER:

I certify the below rates, which are to be used for cost-plus or cost-plus related work on the subject project. Revised rates will be provided annually or as needed in certain cost associated situations.

|  |  |  |
| --- | --- | --- |
|  | **Straight Time Portion** | **Premium/Double Time Portion** |
| **(General) Liability Insurance Rate:** |

|  |  |
| --- | --- |
|  **\_\_\_\_\_\_\_\_\_\_\_\_** |  |

 |  **0% \_\_** |
| **Workers Compensation Rate:** |  |  **0%**  |
| **Social Security (FICA) Rate:** |  |  |
| **Medicare Rate:** |  |  |
| **State Unemployment Insurance Rate:** |  |  |
| **Federal Unemployment Insurance Rate:** |  |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Total of Above Rates =** |  |  |

NOTE: For General Liability and Workers Compensation - If utilizing an insurance company for insurances, attach a copy of an itemized “Declaration Sheet” supporting the rates claimed and showing all markups and credits (i.e. experience credit for Workers Comp or overall discounts due to volume). If self-insured attach a certified letter from a principle of the company or corporation with an itemized breakdown of each insurance rate with detail of each cost category (worker class rates for workers compensation and GL rates and classification)

Signed by Officer of Company Date

Certified by Notary