



2017 Certified Safety Program Enrollment Checklist

The ATAWCF strongly believes in our Loss Control model, which benefits our Fund members in effectively reducing driver/employee accidents and injuries. The program offers participating companies the opportunity to receive additional underwriting discounts on their following year's renewal based on fulfilling Program requirements. Our LC Consultants will be making on-site visits to discuss/review the requirements and point weighting system, along with the discount calculation based on completed items in the Program.

Completed		Requirements of the Program	Point Weight
1. Management Commitment & Control			
Yes <input type="checkbox"/> No <input type="checkbox"/>	1a	Owner/Executive is committed to the safety of the Company, and is willing to promote the program and remained involved/engaged to ensure its success. Also, management agrees to lead by example.	4
Yes <input type="checkbox"/> No <input type="checkbox"/>	1b	Response time to submitted LC recommendations is acceptable (within 60 days)	3
2. Hiring Practices & Requirements			
Yes <input type="checkbox"/> No <input type="checkbox"/>	2a	FMCSA Pre-Employment Screening Program is Utilized. (PSP)	1
Yes <input type="checkbox"/> No <input type="checkbox"/>	2b	Written Hiring Requirements & Written Job Descriptions are in place.	2
Yes <input type="checkbox"/> No <input type="checkbox"/>	2c	Pre-Employment Agility Testing Procedures implemented.	5
Yes <input type="checkbox"/> No <input type="checkbox"/>	2d	Post Job Offer Medical Questionnaire (PJOMQ) utilized for all new employees.	10
Yes <input type="checkbox"/> No <input type="checkbox"/>	2e	Pre-Employment Drug Screen Completed.	1
Yes <input type="checkbox"/> No <input type="checkbox"/>	2f	Med Card Verification Documented via National Registry	1
3. Return to Work/Light Duty Program			
Yes <input type="checkbox"/> No <input type="checkbox"/>	3	In-house Return to Work/Light Duty Program in place, or use of ReEmployability	5
4. Claims Reporting & Management			
Yes <input type="checkbox"/> No <input type="checkbox"/>	4a	All claims are reported within two (2) business days.	5
Yes <input type="checkbox"/> No <input type="checkbox"/>	4b	Post Injury Drug Screen completed.	5
Yes <input type="checkbox"/> No <input type="checkbox"/>	4c	Post Injury Follow-up Call/Review Process completed and documented for all claims.	15
5. Written Safety with Sign Offs Documented			
Yes <input type="checkbox"/> No <input type="checkbox"/>	5	Written Safety Manual (with documented sign-off) along with ATA Recommended Polices/Procedures in place.	10
6. Safety Investments			
Yes <input type="checkbox"/> No <input type="checkbox"/>	6a	Forward Facing or Rear Facing Tractor Cameras in place.	15
Yes <input type="checkbox"/> No <input type="checkbox"/>	6b	Injury Prevention Safety Incentive Plans in place.	3
7. Training & Inspections			
Yes <input type="checkbox"/> No <input type="checkbox"/>	7	Quarterly Safety Meetings Completed w/Documentation, Written New-Hire Orientation Schedule Followed, Forklift Training, OSHA Training, Safe Work Methods Training, Flatbed Training, Monthly Shop Inspections Completed & Documented.	10
8. New Hire Presidents Call			
Yes <input type="checkbox"/> No <input type="checkbox"/>	8	New-Hire President/Executive Calls completed.	5
Total Possible Points			100

Tiered Incentive Based Upon Loss Experience

Based on individual member completion of CSP program requirements, along with loss experience, participating companies are eligible for a safety credit toward their workers' compensation contributions.

At the end of September 30th of each year, a loss history will be pulled on each member of the Certified Safety Program for the current nine-month accident period to determine that member's continued eligibility for a safety credit. Total number of program requirement points obtained, multiplied by the member's Loss Ratio tier (see below), will determine the discounts that will apply to the next year's renewal. The ATA Work Comp Fund reserves the right to adjust the September 30th losses based on facts and circumstances that it becomes aware of after this date as solely deemed necessary.

- Loss Ratio of 35% or less = 10% multiplier (Points obtained multiplied by 10% = CSP credit)
- Loss Ratio between 36% to 50% = 5% multiplier (Points obtained multiplied by 5% = CSP credit)
- Loss Ratio between 51% to 70% = 3% multiplier (Points obtained multiplied by 3% = CSP credit)

$$\text{Loss Ratio} = \frac{\text{Incurred Losses (Paid + Reserved as of September 30th)}}{\text{Company Nine-Month Prorated Estimated Annual Premium}}$$

NOTE: Compliance with the Alabama Trucking Association Workers' Compensation Fund's Certified Safety Program does not indicate in any way your company is in total compliance with DOT/OSHA compliance programs or regulations.

I attest that all requirements of this Certified Safety Program have been explained to me. Further, for consideration of a **safety credit** applied to my workers' compensation contribution, I agree to abide by the terms of this Program, and commit my full cooperation and support in good faith to the purpose and intent of this Program.

Company: _____ E-mail owner _____

Address: _____

_____ E-mail safety _____

_____ Date: _____
Principal Owner

Print Name

For ATA Workers Compensation Fund Use Only: LC Consultant verify Date & Int. _____