



2020 "Manufacturing" Certified Safety Program Enrollment Checklist

The ATA Comp Fund 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 Risk Managers 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.

	Requirements of the Program	Point Weight	Points Received
1. Hiring Practices & On Boarding			
1a	Job Descriptions in Place	2	
1b	Pre-Employment Drug Screen (Random Program)	3	
1c	Post Job Offer Medical Questionnaire (PJOMQ) utilized for all new employees	10	
1d	New Hire Orientation Schedule + New Hire Follow-Up Training	6	
2. Safety Policies & Procedures with Sign-Off / Training & Inspection with Documentation			
2a	<input type="checkbox"/> 3 Points of Contact <input type="checkbox"/> Safe Work Methods <input type="checkbox"/> Forklift <input type="checkbox"/> Fire Safety <input type="checkbox"/> Confined Spaces <input type="checkbox"/> Ladder Safety <input type="checkbox"/> GHS <input type="checkbox"/> Emergency Response <input type="checkbox"/> LO/TO <input type="checkbox"/> Machine Guarding <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Footwear <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Respirators <input type="checkbox"/> Safety Gloves <input type="checkbox"/> Wheel Chocks <input type="checkbox"/> Slip, Trip, & Falls <input type="checkbox"/> Fall Protection <input type="checkbox"/> Monthly Facility Inspections <input type="checkbox"/> Safety Meetings	20	
2b	Hazard Identification Program	5	
2c	Unsafe Behaviors Observations	5	
3. Claims Management			
3a	All claims are reported within two (2) business days	3	
3b	Post Injury Drug Screen completed	3	
3c	In-house Return to Work/Light Duty Program or use of Re-Employability	7	
4. Management Commitment & Control			
4a	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. Management agrees to lead by example.	5	
4b	Video Cameras inside/outside facility	14	
4c	Post Injury Follow-Up Call/Review Process Completed and Documented for All Calls	15	
4d	Injury Prevention Safety Incentive Plans	2	
Total Point Weight / Total Possible Points		100	

CSP Credit Based Upon Loss Experience

Based on individual member completion of CSP program requirements, along with loss experience, participating Fund Members 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 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)

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

NOTE: Compliance with the ATA Comp 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: _____

Principal Owner Date

Print Name

For ATA Workers Compensation Fund Use Only:
Risk Manager Verification Date & Initials _____