



2022 "Transportation" 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 Requirements			
1a	Driver Evaluation Form	6	
1b	Job Descriptions in Place	2	
1c	FMCSA Pre-Employment Screening Program is Utilized (PSP)	2	
1d	Post Job Offer Medical Questionnaire (PJOMQ) utilized for all new employees	10	
1e	New Hire Orientation Schedule + New Hire Follow-Up Training	6	
2. Safety Policies & Procedures with Sign Off			
2	<input type="checkbox"/> Seat Belts <input type="checkbox"/> Speeding <input type="checkbox"/> 3 Points of Contact <input type="checkbox"/> Electronic Device Policy <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Required Safe Lifting & Pushing / Pulling Techniques <input type="checkbox"/> No Jumping <input type="checkbox"/> Harnessed or Netted in Bunk Area <input type="checkbox"/> 5 th Wheel Pin Puller <input type="checkbox"/> Ergonomic Binder Policy	10	
3. Training & Inspections with Documentation			
3	<input type="checkbox"/> 3 Points of Contact Training <input type="checkbox"/> Safe Work Methods Training <input type="checkbox"/> Forklift Training <input type="checkbox"/> OSHA Training <input type="checkbox"/> Flatbed Training <input type="checkbox"/> Monthly Shop Inspections <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Distracted Driving <input type="checkbox"/> Remedial Training <input type="checkbox"/> Safety Meetings	10	
4. Claims Management			
4a	All claims are reported within two (2) business days	3	
4b	Post Injury Drug Screen completed	3	
4c	In-house Return to Work/Light Duty Program or use of ReEmployability	6	
5. Management Commitment & Control			
5a	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	
5b	New-Hire President/Executive Calls or Mentor Program Completed.	5	
5c	Event Recorders in place along with coaching follow up - Forward Facing (5 pts) and/or In-Cab Facing (10 pts)	15	
5d	Post Injury Follow-Up Call/Review Process completed and documented for all calls.	15	
5e	Injury Prevention Safety Incentive Plans in place.	2	
Total Point Weight / Total Possible Points		100	

Tiered Incentive 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.

On July 31st of each year, data will be pulled based on an August 1st – July 31st incurred loss cycle to calculate the CSP discount. Total number of program requirement points obtained, multiplied by the member's Loss Ratio tier (see below) will determine the credit applied to the next year's renewal. The ATA Comp Fund reserves the right to update the data within the incurred loss cycle 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)

$$\text{Loss Ratio} = \frac{\text{Incurred Losses (Paid + Reserved as of July 31st)}}{\text{Member August 1st – July 31st Contributions}}$$

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 Comp Fund Use Only: RM verify Date & Int. _____