

Utah Builders Insurance Company Inc. Safety Questionnaire

The following survey will be used to evaluate your company's safety program for Utah Builders Insurance Company, Inc. This information will be maintained in the strictest confidence possible and will not be released outside of Utah Builders Insurance Company, Inc. or Risk Services, LLC, the Plan Administrator.

Please complete this questionnaire thoroughly.

Company Name: _____

d.b.a. _____

Related Entities/Units: _____

Average Number of Employees: _____

Occupational Safety and Health (OSHA) citations in the past five years (final orders):

“Willful” citations? YES _____ NO _____

Comments: _____

“Serious” citations? YES _____ NO _____

Comments: _____

Written Workplace Safety Program? (10 or more employees only) YES _____ NO _____

Note: A comprehensive written safety program is provided to all BICI Policyholders at no cost.

Safety Committee Established? (25 or more employees only) YES _____ NO _____

If “YES”, Please Describe: _____

Available Safety Representative? YES _____ NO _____

Safety Representatives Name: _____ Contact Number: _____

If “YES”, percentage of time spent on safety? _____%

Completely Describe type of scope of various company operations: _____

Do your employees work with or around any of the following:

- 1. Scaffolding: Suspended? Y N Conventional? Y N Scaffold Erection? Y N
- 2. Elevations greater than: 15'? Y N 30'? Y N Leading Edge Work? Y N
- 3. Excavation/Trenches Greater than 4' deep? Y N Tunneling?: Y N
- 4. Operating Heavy Machinery: Y N Cranes? Y N Aircraft? Y N
- 5. Electrical Equipment voltages greater than 300 VOLTS AC? Y N
- 6. Sandblasting Y N Painting? Y N Paint Booths? Y N
- 7. Extremely Hazardous Chemicals? Y N (Examples: strong acids, caustics, 2 part paints or epoxies, pesticides)
- 8. Building Demolition? Y N Asbestos Removal? Y N
- 9. Explosives/Fireworks? Y N Reinsurance from other re-insurers? Y N
- 10. Vehicle Maintenance? Y N Tire Mounting/Split Rims/Multi-Piece Rims? Y N
- 11. Gas Companies? Y N Dealing/Distributing oil/gas lease operators/contractors? Y N
- 12. Activities over or under water? Y N Vessels or dry-docks? Y N
- 13. Gas/Oil operations, drilling, rigging and derrick work, on/offshore, pipelines and wells? Y N
- 14. Railroad operations, repair or construction? Y N
- 15. Amusement Parks, Carnivals or Circuses? Y N Arenas/stadiums/halls? Y N
- 16. Professional Sports Teams, sports events or grandstands? Y N
- 17. Methods used to transport employees to and from the work sites? _____

18. Types of Machinery / Equipment Operated? _____

Completed by (Print): _____

Company E-mail Address: _____ Phone Number: _____ Fax: _____

The above information is correct and complete to the best of my knowledge!

Signature: _____ Date: _____

Submitted By: _____ Agency: _____