



QUALIFICATION APPLICATION

SUBMISSION INSTRUCTIONS

Please complete and include all the following items with your application packet:

1. All four pages of this application
2. A copy of your safety and health policy
3. Copies of your company's 300 logs (with names omitted) for the previous three calendar years
4. Copies of your company's 300A forms for the previous three calendar years
5. If you have been a part of the AGC/SAIF Workers' Compensation Group for less than four policy years or are currently not a part of the group, you are required to include documentation from your agent or carrier verifying your company's EMR and Incurred loss Ratio for the previous four completed policy years.

Applications should be submitted to your assigned Safety Management Consultant (SMC). If you are not a part of the AGC/SAIF Workers' Compensation Group or you are unsure who your SMC is, please call the safety department at (503) 682-3363.

Applications can be submitted via email to your assigned SMC, faxed to: (503) 682-1696, or they can be mailed to the following address:

ATTN: [assigned SMC]
AGC Oregon-Columbia Chapter
9450 SW Commerce Circle, Suite 200
Wilsonville, OR 97070

STATISTICAL CONSIDERATIONS

Successful applicants must meet the following statistical requirements in order to qualify:

- An Experience Modification Rate (EMR) ≤ 1.0 for the current year
- An average Incurred Loss Ratio (ILR) $\leq 40\%$ over the course of the last three policy years
- Zero fatalities in the previous three calendar years
- Zero closed willful OSHA citations in the previous three calendar years
- A Days Away & Restricted or Transferred (DART) (three-year average) and Incident Rate (IR) (three-year average) that is equal to or less than the Oregon industry average using the most current available information from the Oregon Department of Consumer & Business Services (DCBS). If you would like to review the most recent report (November of 2020), it can be accessed at the following link:

<https://www.oregon.gov/dcbs/reports/Documents/boli-stats/occ-sum/21-2081.pdf>

ACKNOWLEDGMENT

I hereby certify that I have read and understand the above submission instructions & statistical considerations.

Person completing this application:

Name: _____

Signature: _____ Date: _____



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COMPANY INFORMATION

Membership Type: General Contractor Subcontractor/Specialty

Date of Application:

Select One: New Applicant Renewal Number of times previously awarded PRIDE:

Company Name:

Address:

City/State/Zip:

Phone Number:

Company Principal/Owner:

Company Safety Contact:

Company Contact to coordinate program and jobsite audits for evaluation completion:

Contact Phone:

Contact Email:

Scope of Work: (brief descriptive information about your company: primary type of work, other work, unique operations, processes). Attach additional page if necessary.

Primary NAICS Code:



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SAFETY DATA

Experience Modification Rate (EMR) Your firm's workers' compensation EMR for the current policy year AND three most recent completed policy years.	EMR Year 0 (current)	EMR Year 1	EMR Year 2	EMR Year 3
Incurred Loss Ratio (ILR) Your firm's worker's compensation ILR for the three most recent completed policy years.		ILR% Year 1	ILR% Year 2	ILR% Year 3
		%	%	%
OSHA Reporting & Citation Information Your firm's OSHA 300 log and 300A form information for the most recent three completed calendar years.		Calendar Year	Calendar Year	Calendar Year
1. Total employee-hours worked (From 300A form)				
2. Total number of deaths <i>(Total in column G of the OSHA 300 log)</i>				
3. Total number of lost work-day cases injuries/illnesses <i>(Total in column H of the OSHA 300 log)</i>				
4. Total number of restricted or transferred cases injuries/illnesses <i>(Total in column I of the OSHA 300 log)</i>				
5. Total number of other recordable cases injuries/illnesses <i>(Total in column J of the OSHA 300 log)</i>				
6. Days Away, Restricted or Transferred (DART) (use formula): $\frac{\text{(lost workday, restricted, or transfer cases X 200,000)}}{\text{(employee hours worked)}}$				
7. Total Recordable Injury/Illnesses (cases) <i>(Totals in columns H, I, & J of OSHA 300 log)</i>				
8. Recordable Incident Rate (use formula): $\frac{\text{(recordable cases X 200,000)}}{\text{(employee hours worked)}}$				
9. Willful Citations: Any OSHA closed willful citations during the most recent three completed calendar years?		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



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QUALIFICATION CHECKLIST

Y	N	N/A	Please answer the following questions by selecting the appropriate box.
			1. Does your firm have a written Safety and Health Policy/Accident Prevention Program in place?
			2. Does your firm have a written safety policy statement signed by a company principal?
			3. Does your firm have at least one trained employee (OSHA 30-hour or equivalent) with designated responsibility for employee safety to administer your safety program?
			4. Does your firm maintain written site-specific safety plans covering the specific scope of work for large projects (duration longer than 1 week)?
			5. Does your firm conduct job hazard analysis (JHA) for hazardous tasks (both health hazards and safety hazards) with a strong emphasis on non-routine tasks?
			6. Does your firm have a system for identifying and mitigating hazards, utilizing the hierarchy of controls (elimination, substitution, engineering controls, administrative controls, PPE)?
			7. Does your firm have in place a safety committee or conduct safety meetings that are functioning in compliance with Oregon OSHA rules and regulations?
			8. Does your firm have a written safety orientation program and conduct documented safety orientations for new employees that covers safe work practices and safety policies?
			9. Does your firm conduct, document, and track the status of employee safety training?
			10. Does your firm conduct, document and maintain records of safety meetings? If yes, how often? <input type="radio"/> Weekly <input type="radio"/> Biweekly <input type="radio"/> Monthly
			11. Does your firm conduct accident/incident investigations?
			12. Does your firm have a written drug and alcohol program?
			13. Does your firm have a written return-to-work (RTW) program?
			14. Does your firm have a prequalification process for sub-tier contractors that established minimum performance requirements?
			15. Does firm require sub-tier contractors to meet or exceed both your company safety policies and Federal/State OSHA regulations?

I hereby certify that all information provided within this application is accurate.

Person completing this application:

Name: _____

Title: _____

Signature: _____ Date _____