



**Utah Business Insurance Company Inc.
Contractors Safety Questionnaire**

(Revised 03/12/2010)

The following survey will be used to evaluate your company's safety program for Utah Business Insurance Company, Inc. This information will be maintained in the strictest confidence possible and will not be released outside of Utah Business 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 or “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 UBIC Policyholders at no cost.

Are you a member in good standing of: Corporate Alliance, Utah Valley Homebuilders, Utah Masonry Council or Associated Builders & Contractors of Utah? YES _____ NO _____

If “YES”, which organization(s): _____

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

If “YES”, Please Describe: _____

Safety Representative? YES _____ NO _____ Percentage of time spent on safety _____%

Safety Representatives Name: _____ Contact Number: _____

Completely Describe 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 Maximum height exposure _____
Leading Edge Work? Y N
- 3. If a roofer, do you roof above 5 stories? Y N
- 4. Excavation/Trenches Greater than 4' deep? Y N Greater than 18' Deep? Y N
Tunneling?: Y N Maximum depth exposure _____
- 5. Operating Heavy Machinery: Y N Cranes? Y N Aircraft? Y N
- 6. Electrical Equipment voltages greater than 300 VOLTS AC? Y N
- 7. Sandblasting Y N Painting? Y N Paint Booths? Y N
- 8. Extremely Hazardous Chemicals? Y N (Examples: strong acids, caustics, 2 part paints or epoxies, pesticides)
- 9. Building Demolition? Y N Asbestos Removal? Y N
- 10. Explosives/Fireworks? Y N
- 11. Vehicle Maintenance? Y N Tire Mounting/Split Rims/Multi-Piece Rims? Y N
- 12. Gas Companies? Y N Dealing/Distributing oil/gas lease operators/contractors? Y N
- 13. Activities over or under water? Y N Vessels or dry-docks? Y N
- 14. Gas/Oil operations, drilling, rigging and derrick work, on/offshore, pipelines and wells? Y N
- 15. Railroad operations, repair or construction? Y N
- 16. Amusement Parks, Carnivals or Circuses? Y N Arenas/stadiums/halls? Y N
- 17. Professional Sports Teams, sports events or grandstands? Y N
- 18. Methods used to transport employees to and from the work sites? _____
- 19. What is the radius of operations? _____
- 20. Types of Machinery / Equipment Operated? _____

Completed by (Print): _____

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

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

Signature: _____ Date: _____

Submitted By: _____ Agency: _____