



Utah Business Insurance Company Inc
Safety Questionnaire
(Revised 3/12/10)

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. _____

Other Related Entities/Units: _____

Average Number of Employees: Full Time _____ Part Time _____

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 current 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. Elevations greater than: 15'? Y N 30'? Y N
Maximum height exposure _____
2. Electrical Equipment voltages greater than 300 VOLTS AC? Y N
3. Hazardous Chemicals/X-Ray equipment Y N
4. Arenas/Stadiums/Halls? Y N
5. Days/Hours business open: _____
6. Any group transportation of employees? _____
7. Number and type of owned/leased vehicles? _____
8. Radius of travel? _____ Any out of state travel? _____
9. Any delivery operations? _____ Any catering operations? _____
10. Are employees allowed personal use of corporate vehicles? _____
11. Are MVR's checked at least annually on all drivers of corporate vehicles? _____

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: _____