



# QUALIFICATION APPLICATION

## SUBMISSION INSTRUCTIONS

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

1. All three pages of this application
2. The completed “PRIDE Application Statistics Form” Excel file (available on the PRIDE Award section of the [AGC Safety Awards](#) web page)
3. A copy of your safety and health policy
4. Copies of your company’s 300 logs (with names omitted) for the previous three calendar years
5. Copies of your company’s 300A forms for the previous three calendar years
6. 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 AGC 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)  $\leq 1.0$  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 rate (DART) (three-year average) and Incident Rate (IR) (three-year average) that is equal to or less than Oregon's Department of Consumer & Business Services DCBS reported three-year average for your industry segment (based on your listed primary NAICS code).

## 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

Date of Application:

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

Company Name:

Address:

City/State/Zip:

Shipping/Mailing Address:  
(if applicable)

Shipping/Mailing City/State/Zip:  
(if applicable)

Phone Number:

Company Primary Principal/Owner:

Company Safety Contact:

Safety Contact Phone:

Safety Contact Email:

Company Additional Contact (if applicable) to coordinate program audit and jobsite audits:

Additional Contact Phone (if applicable):

Additional Contact Email (if applicable):

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



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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 <b>signed</b> 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"/> weekly <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 \_\_\_\_\_