



WORKERS' COMPENSATION ASSOCIATION SAFETY PROGRAM MEMBER PARTICIPATION AGREEMENT

As a member in good standing with the Home Builder's Association

Member Name

BrickStreet Policy Number

Enrolls by this agreement as a participating member in the BrickStreet Association Safety Program.

This contract agreement renews, provided the member agrees to and meets the following criteria. The member:

- A. Agrees to, and reports claims within 48 hours of a loss;
- B. Achieves and maintains a three-year loss ratio of 65 percent or less;
- C. Implements and maintains a formal return-to-work program;
- D. Attends at least one safety seminar per year that applies to operational hazards, or completes one SafetySource online course dealing with operational hazards annually; and,
- E. Implements and maintains an effective Safety and Loss Control program including but not limited to the following:

Step 1: Formal declaration of a companywide loss prevention and loss control policy

The safety policy should be signed and dated by top management and distributed to all employees and conspicuously posted.

Step 2: Formal identification of a safety committee or coordinator

Top management should distribute a dated memo to all employees identifying the safety coordinator and/or safety committee members and outlining their responsibilities. The appointed safety coordinator should also sign and date the description of duties and responsibilities. The safety coordinator should show documentation of his/her participation in the safety program by documenting and signing safety audits, participating in safety meetings and accident investigation, etc.

The safety committee should meet on a regular basis (at least quarterly), depending on your industry. Documentation should consist of dated meeting minutes with the safety committee members' signatures.

Step 3: Clearly defined and conspicuously posted safety/loss prevention rules

Employers and safety coordinators/committees should develop site-specific safety rules and orient existing employees and all new hires to these rules. Employees should sign and date the document acknowledging their awareness and

understanding of the rules. The safety rules should be readily accessible for review by all employees.

Step 4: Safety awareness and loss prevention training

Safety topics discussed and a signed/dated employee attendance roster must be included as documentation of completed training sessions. New-hire training is crucial and BrickStreet recommends a documented orientation process. Additionally, a plan for periodic training, at least quarterly or as new equipment is purchased or procedures are changed, should also be conducted and documented.

Step 5: Written policies and procedures on claims management

Documentation (short written plan) on how claims are managed, including items such as:

- When and how claims are reported by employees and to whom;
- How the employer ensures that claims are reported to BrickStreet within 48 hours and by whom;
- How claims are investigated; and,
- How modified duty is implemented.

The claims management procedures should be signed and dated by a member of upper management and/or the organization's claims administrator.

- F. Maintains its own policy with BrickStreet and complies with all requirements of BrickStreet, including, but not limited to, the reporting of payroll, the payment of premiums, the implementation of loss control measures and cooperation in claims management and administration. Each member will continue to have individual loss experience rating for the purposes of determining premiums.
- G. Understands that no member of the Group shall have the right to any information concerning rates, premiums, commissions or other funds payable by any other member, such information being confidential, proprietary information of such member. No member shall have any liability for the premiums, commissions, and other charges of any other member.
- H. Understands that their premium and loss data will be used by BrickStreet and by the Association to monitor both individual and group performance.

SIGNATURE

For _____ Member
(Print or Type Member Name)

Signature (Authorized Member Representative) Title Date

Print/Type Name: _____

Address: _____

E-mail: _____