



FLATIRON / DRAGADOS LLC (FD LLC) CONTRACTOR SAFETY INFORMATION

Contractor: _____

1. Obtain from your Insurance Company(s) your interstate Workers' Compensation Experience Modification Rate (EMR) for the last three (3) rating periods. If you do not have an interstate rating, obtain your intrastate EMR's.

Current Policy Year: _____
1 year previously: _____
2 years previously: _____

To verify the above, please provide one of the following:

- 1) A certified letter from your insurance company verifying the EMR.
- 2) A photocopy of the last three (3) year's Experience Rating calculation sheets.
- 3) A copy of your insurance policy for the last three (3) years that reflects the modification rate and the coverage period.

2. Is your firm/company self-insured for Workers Compensation? Yes ☐ No ☐

3. OSHA Recordable/Reportable Incidents and Inspection Reports (last 3 years)

a. Provide the following items:

- 1) Copies of your companies OSHA Form 300 and 300A or state equivalent reporting form
- 2) Number of violations issued by Dept. of Labor (OSHA). Provide explanation type (i.e. willful, serious, de minimis, etc.), penalty assessed, and status.

b. Approximate number of "non-reportable" first aid/one time treatment injuries or incidents.

4. Approximate number of incidents e.g., injuries, fatalities and vehicle accidents involving subcontractor employees while operating on projects you managed

5. Total number of citations/violations issued by any other federal, state and/or municipal authority including, but not limited to TNRCC, TWCC, City of Corpus Christi, etc. Provide violation date, a brief explanation and current status for each violation.

6. Provide brief synopsis of your firm's safety education and training programs, safety incentive programs, modified duty and return to work programs and corporate safety team composition and hierarchy.

Contractor hereby warrants that all information supplied pursuant to this form is true, accurate and complete. In the event copies of documents are furnished, contractor warrants that such copies have not been altered in any way from the original document(s).

Signed: _____

Date: _____

Title: _____