



SAFETY RECOGNITION AWARDS PROGRAM

Take Pride in Your Commitment to Safety

DEADLINE FOR ENTRIES: MAY 1, 2009

The Professional Landcare Network's (PLANET) Safety Recognition Awards Program, sponsored by CNA, reflects the dedication of green industry companies to create and maintain safe work environments. This nationally recognized program rewards green industry professionals who demonstrate their commitment to safety.

All green industry service providers are eligible to enter with no entry fees.

The Safety Recognition Awards Program helps your company!

Receiving this recognition publicly acknowledges your commitment to the safety of your employees and clients.

- Your participation in the program may translate into lower insurance premiums and reduce costly workers' compensations claims.
- Safety Award recipients receive national recognition and exposure for their superior commitment to safety. PLANET provides press releases for your company to distribute to media touting your company's efforts to promote safe habits in the workplace and help you stand out from the competition.
- Award recipients will receive an award certificate suitable for framing. Plaques are available for purchase.



SPONSORED BY:





SAFETY FIRST

You do not have to be a PLANET member to enter or receive the recognition.

Q I'm a member of the STARS Safe Company Program. Do I have to enter the Safety Recognition Awards Program?

A As a member of the STARS Safe Company Program, you pledged to commit yourself and your company to improving safety awareness. Entering the Awards Program is not only one of the items you committed to by signing your pledge to safety, but it's also great way to let your employees know that you care about their safety and health.

Q Is the safety benchmarking information required to complete my awards program entry?

A It is not required, however, we strongly encourage you to complete. PLANET will provide you with benchmarking results once the information has been tallied. This information will not only help improve your safety program, but also identify areas needing improvement, thus resulting in a lower overall insurance premium.

Q What are the requirements for entering the Awards Program?

A Complete both pages of the entry form and submit it to PLANET along with the OSHA Form 300A Summary of Work-Related Injuries and Illnesses, and your year-end loss run report from your insurance agent.

Q Where can I find the OSHA Form 300A?

A The form is available on the PLANET Web site (LandcareNetwork.org). Be aware that the form is 12 pages long and measures 8.5" x 14". Please check your printer settings before printing the form. The OSHA 300A Summary Form (page 8) is the only page required.

Q What is a loss run report, where do I get one, and why is it necessary?

A The loss run report is available from your insurance agent and it states how many, if any, accidents you have had over the past year. This report is an excellent objective scale for assessing safety in your company, so it is an integral measure in the awards judging process. All information is confidential.

Q Our Company has experienced a high rate of accidents and injuries this year. Should we still enter the Safety Recognition Awards Program?

A YES! Entering the Awards Program will show your employees that you care about their safety. The program can be a tool to measure your safety record from year to year. In addition, companies that show a substantial increase in their safety record from one year to the next are eligible for safety improvement awards.

Q I want to enter the Safety Recognition Awards Program. Should I submit my company's branches individually?

A Yes, each branch is eligible to receive ALL of the various safety awards. Include entry form, OSHA 300A Summary Form, and vehicle insurance claims summary reports for each branch. It is not necessary to submit safety benchmarking information individually.

DEADLINE: MAY 1, 2009

ENTRY PROCEDURES

1. Complete both pages of the entry form for the period of January 1, 2008 through December 31, 2008.
2. **You must include a copy of your OSHA Form 300A Summary of Work-Related Injuries and Illnesses Form, and your loss run report with your entry. We cannot accept your entry without them.**
3. Return the completed entry form, loss run report, OSHA Form 300A, and safety benchmarking data collection form (if applicable) by **May 1, 2009** to:

Professional Landcare Network
Attn: Safety Awards
950 Herndon Parkway, Suite 450
Herndon, VA 20170
Fax: (703) 736-9668

Please type or print neatly:

Company Name _____

(Exactly as it should appear on the certificate.)

Safety Contact _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

E-mail _____

Largest percentage of annual revenue (check one):

- Design/Build Landscape Management Lawn Care Interior Plantscaping Tree Care

We certify that the information contained in this form is true and correct.

Form completed by:

(Print name and title)

(Signature)

(Date)

Form confirmed by company owner/president:

(Print name and title)

(Signature)

(Date)



Receive the many benefits of PLANET membership, including a FREE consultation from the PLANET Safety Specialist. For information, contact PLANET at (800) 395-2522, e-mail membership@landcarenetwork.org or visit LandcareNetwork.org.

The association of members who create and maintain the QUALITY OF LIFE in communities across America.

DEADLINE FOR ENTRIES: MAY 1, 2009

Please fill in the requested information for the period of **January 1, 2008 through December 31, 2008.**

SAFETY PERFORMANCE (indicate 0 if answer is none)

DESCRIPTION	TOTAL NUMBER
Total number of vehicles in your company fleet (cars and trucks only — not construction or other vehicles/equipment).	
Total number of vehicle accidents that involved personal injury and/or vehicle damage in excess of \$500. Include even those accidents in which your vehicle was legally parked or the driver was not at fault.	
Total number of vehicle accidents reported above that occurred <i>only</i> while your vehicle was legally parked.	
Total number of hours worked by all employees for the period of January 1, 2008 to December 31, 2008. Include full-time, part-time, and seasonal employees. (round to nearest whole number)	
Total number of injuries and illnesses — refer to lines G - J on your OSHA Form 300A. Do not include accidents only requiring first aid, as defined on the OSHA Form 300A.	
Total number of days of job transfer or restriction — refer to line L on your OSHA Form 300A.	
Total number of days away from work — refer to line K on your OSHA Form 300A. A fatal accident is to be recorded as 6,000 days away from work. (round to nearest whole number)	
Annual average number of employees — refer to OSHA Form 300A.	
What is your Experience Modification Rate (EMR)? If you do not have this information, please contact your insurance agent)	

SAFETY PROGRAM CHECKLIST

Please check the items that you had in place or put into effect in your company for the period of January 1, 2008 through December 31, 2008. We may request additional verification of some or all of these items.

- Our company is a member of the Professional Landcare Network's STARS (Safety Training Achieves Remarkable Success) Safe Company Program.
- Our top management has a strong commitment to safety. We have an in-depth Company Safety Policy, which is updated on a regular basis and is communicated to all employees in a language and manner they understand.
- Our company has a formal written and hands-on fleet safety-training program that must be completed successfully. The Fleet Safety Officer must approve the driver before being allowed to drive.
- Our company complies with applicable OSHA and other safety-related regulations, including, but not limited to, OSHA's Hazard Communication Standard and OSHA's posting, record keeping, and reporting rules.
- Our management provides the resources that are necessary for a safe workplace, including, but not limited to, providing personal protective equipment (PPE), and enabling employee time to be spent on safety meetings and safety training.
- We have a formal written reporting system in place for all work-related injuries, illnesses, and "near miss" accidents. This reporting system includes prompt investigation and follow-up by management.
- Our company has a drug/alcohol free workplace policy, which authorizes drug/alcohol testing in accordance with the law.
- Our company has a written return-to-work or modified-duty program, with job descriptions of potential modified-duty work.
- Our company posts the number of consecutive days without a "lost-time" injury or illness for all employees to track our progress.
- We conduct regular tailgate safety training with our crews. Sessions are conducted orally in a language the workers understand and attendance logs are kept of all tailgate sessions and safety meetings. Length of training sessions in minutes _____.
- Our company did not have, or was not involved in, any work-related fatalities in 2008!**

SAFETY BENCHMARKING DATA COLLECTION FORM

DEADLINE: MAY 1, 2009

(Please send this form to your insurance agent for completion.)

The goal of the Professional Landcare Network's (PLANET's) safety benchmarking project is to provide association members with fact-based information using visuals, such as bar graphs, that track trends and, in the end, affect premiums by increasing the level of safety for member companies.

PLANET will provide you with benchmarking results once the information has been tallied. This information will not only help improve your safety program, but will also identify areas for improvement, thus resulting in a lower overall insurance premium.

Agent: Your client is participating in a safety benchmarking project for the green industry. Please fill in the loss ratio information below for the last three FULL policy years and fax this completed form back to your client before May 1, 2009.

Company: _____ Safety Contact: _____

Phone _____ Email _____

CONFIDENTIAL INFORMATION

*Please provide information for the **past three FULL policy years.***

YEAR 1 REPORTING PERIOD: _____

<u>LOSS RATIO</u>	\$ Claims & Reserves Paid to Date	Divided by:	\$ Annual Premium	=	% Loss Ratio
Workers' Comp	_____	/	_____	=	_____
Automobile	_____	/	_____	=	_____
Inland Marine	_____	/	_____	=	_____
General Liability	_____	/	_____	=	_____
Total	_____	/	_____	=	_____

YEAR 2 REPORTING PERIOD: _____

<u>LOSS RATIO</u>	\$ Claims & Reserves Paid to Date	Divided by:	\$ Annual Premium	=	% Loss Ratio
Workers' Comp	_____	/	_____	=	_____
Automobile	_____	/	_____	=	_____
Inland Marine	_____	/	_____	=	_____
General Liability	_____	/	_____	=	_____
Total	_____	/	_____	=	_____

YEAR 3 REPORTING PERIOD: _____

<u>LOSS RATIO</u>	\$ Claims & Reserves Paid to Date	Divided by:	\$ Annual Premium	=	% Loss Ratio
Workers' Comp	_____	/	_____	=	_____
Automobile	_____	/	_____	=	_____
Inland Marine	_____	/	_____	=	_____
General Liability	_____	/	_____	=	_____
Total	_____	/	_____	=	_____

I certify that the above information is true and correct.

Insurance Company Name: _____ Completed by: _____ Date: _____
(insurance agents name)