

Great West Casualty Insurance

SAFETY AWARD RECOGNITION FORM

Company Name _____

Company Address _____

State/Zip _____ E-mail _____

Safety Director _____ Phone _____

Contest Reporting Period: January 1, 2009 thru December 31, 2009

Purpose: To encourage Utah Trucking Association (UTA) member's participation in Fleet Safety and to give honorable recognition to UTA Carriers Safety Performance.

Criteria: Carriers must use total Utah Miles and all Utah Traffic (DOT Reportable) accident involving injury, fatality, or property damage must be reported. Do not report alleged accidents, accidents involving cargo damage only, or accidents involving non-commercial vehicles. Also exclude company wreckers, or service vehicles.

Exception: Accidents involving physical damage to the carrier vehicle of less than \$500, and no other vehicle, person or other property involved, shall not be counted as an accident.

Contest Division: Check (T) one. A separate report must be filed for each Division entered.

____ LTL CARRIER

____ TLC CARRIER

____ TANK TRUCK

____ HEAVY HAULER

____ LIVESTOCK / AGRICULTURE

____ PRIVATE CARRIER

____ SMALL PACKAGE

____ DIRT HAULER

____ MOVING / STORAGE

____ FLATBED

CONTEST YEAR: _____

* Total Accidents

* Total Mileage

* An impartial UTA committee will calculate the accident frequency ratio, awarding companies with the lowest accident ratio, by division, a Safety Award.

The following Certification must be signed by an Officer
of the Company other than the Safety Director

We hereby certify that the information submitted above is correct to the best of our knowledge and belief. We agree that a check of the record may be made prior to the announcement of any award to this organization.

Signature _____ Title _____

Date _____