

# Great West Casualty Insurance

## SAFETY AWARD RECOGNITION FORM

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Safety Director \_\_\_\_\_ Phone \_\_\_\_\_

**Contest Reporting Period:** January 1, 2006 thru December 31, 2006

**Purpose:** To encourage Utah Trucking Association (UTA) members 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

\_\_\_\_ AUTO TRANSPORTER

\_\_\_\_ LIVESTOCK / AGRICULTURE

\_\_\_\_ PRIVATE CARRIER

\_\_\_\_ MOVING / STORAGE

\_\_\_\_ DIRT HAULER

**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.

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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** \_\_\_\_\_

Please return this form to  
Utah Trucking Association • 3060 W. California Ave. Suite A • Salt Lake City, UT 84104  
(801) 973-9370 • Fax (801) 973-8515