



An association delivering smart choices to smart employers

Please complete and return to SMART.  
Roll-in dates are January 1, April 1, July 1 and October 1.

## Dream Team Participant Application

### Company Information

Name:		
Mailing Address:		
City, State, Zip:		
Website:	Ph:	Fax:
L&I #:	UBI#:	

### Contact Information

<b>Main Contact:</b>	<b>Auth. Signatory:</b>
Title:	Title:
E-Mail:	E-Mail:
<b>Safety Contact:</b>	<b>Claim Contact:</b>
Title:	Title:
E-Mail:	E-Mail:

### L&I Information

Have you ever been late in paying your quarterly premium to the Department of Labor & Industries? Yes  No   
If yes, please explain:

Premium History (last three years)	2006:	2007:	2008:				
Developed Losses (last three years)	2006:	2007:	2008:				
Incident Rate (last three years)	2006:	2007:	2008:				
Experience Factor History	2002:	2003:	2004:	2005:	2006:	2007:	2008:



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### Claim History

Total # of claims as of _____, 2008: _____	# that were time loss: _____
Total # of claims in 2007: _____	# that were time loss: _____
Other comments regarding claim history (specify):  	

### Company History and Operations

Nature of contracting business:	Years in business:
Any ownership change? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	If ownership change was less than three years ago, please explain below:
Volume of work over last three years (in hours):	
Volume of work projected for current year (in hours):	
Note major cities/towns where the majority of your work in Washington state is performed:	
Other states where work is performed:	
Signatory to any bargaining units? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:

### Workforce and Accident/Incident Information

# Employees in Management: _____	# Administration/Clerical: _____	# In Field: _____
List all risk classes under which your company reports hours:  		
Do you have a stable workforce? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a drug/alcohol program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How do you hire?	Testing (Check all that apply): <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post-accident <input type="checkbox"/> Other: _____	



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Describe any company safety incentives/recognition programs:

Where is copy of accident prevention plan?

Copy of site specific plan in office? Yes  No

Any serious or willful WISHA citations in the last three years? Yes  No  If yes, explain below:

### **Retro/Association Participation**

Is company currently in retro group? Yes  No  If yes, which one?

Ever been in a retro group? Yes  No  If yes, which one?

Other associations company belongs to:



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## **Dream Team Participant Application** ***Instructions for Submission***

**Admittance into the SMART Dream Team Retro Group is accepted based on a company's commitment to safety within the construction industry. The current Dream Team participants vote to allow each company into their group. Please submit the following along with your application:**

- A letter of intent explaining why you believe your company should be admitted into the Dream Team (please describe your company's commitment to safety).
- Dream Team Participant Application must be completed and returned for consideration and vote by current Dream Team participants.

A current Dream Team member will be assigned to work with you regarding the attached mentorship program guidelines. Thank you for your interest in the SMART Dream Team Retro Group. We look forward to working with your company in the future.