

# COLORADO EMERGENCY SERVICES ASSOCIATION

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## ANNUAL SAFETY GROUP COMPLIANCE REPORT

**All members of the Colorado Emergency Services Association Safety Group are required to comply with the following criteria to remain an active member of CESA and to continue to receive the 4% safety group premium discount on your organization’s Pinnacol Assurance workers’ compensation insurance policy.**

Requirements for All CESA Safety Group Members	Completed
1. Maintain a 55% or better net loss ratio (net of deductible payments) using up to the most recent four policy periods, excluding the current policy period in either: 1) all but one policy period; or 2) cumulatively using up to the four most recent policy periods.	Yes___ No___ Don't Know ___
2. <b>Written</b> policies and implementation of: <ul style="list-style-type: none"> <li>- Claims reporting and management program</li> <li>- Return-to-work program, including modified duty offers to eligible paid workers</li> <li>- Development and implementation of worker safety programs</li> <li>- Effective hiring practices (ie, physical examination, MVR check, background check)</li> <li>- Utilization of medical providers in the Pinnacol <i>SelectNet</i> provider network (with a 30 mile rural exemption), and provide required provider notices to all covered workers</li> <li>- Health, fitness and wellness policies</li> <li>- Job hazard analysis for training activities</li> <li>- Post-incident investigation of all accidents, incidents and/or near misses</li> </ul> <p>If you answered No above, would you like us to send you sample policies?</p>	Yes___ No___ Yes___ No___ Yes___ No___ Yes___ No___ Yes___ No___ Yes___ No___ Yes___ No___ Yes___ No___
3. Completion of the year-end premium audit of your policy for the previous policy period by Pinnacol Assurance, and payment of any audit premium adjustments that are assessed.	Yes___ No___
<b>4. Mandatory participation in minimum of 2 approved safety training classes per year specific to the safety group’s program and pre-approved by Pinnacol Assurance.</b>  Have 1 or more members of your organization attended or participated in at least 2 <b>Pinnacol approved</b> workers’ compensation <b>loss control or worker safety training</b> programs during 2019 that were conducted and/or sponsored by Pinnacol Assurance and/or by CESA and VFIS? Name of Program(s): _____ Date of Program(s): _____ Name of Participant(s): _____ _____ If you answered No above, would you like us to send you information on upcoming Pinnacol safety group approved training programs?	Yes___ No___          Yes___ No___
5. Has your organization received the Cost Containment Certification from the Colorado Department of Labor? If yes, date of most recent certification: ___/___/___ - ___/___/___	Yes___ No___

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signed By: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_-

Organization Name: \_\_\_\_\_

Pinnacol Policy #: \_\_\_\_\_

**THIS FORM MUST BE RECEIVED BY CESA NO LATER THAN NOVEMBER 30<sup>th</sup>**