

Safety Questionnaire

1. GENERAL INFORMATION

a.

Name of Business (Please print or type and include all names used for business)

Address

City / State / Zip

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Area Code – Phone Number

b. Type of work your firm specializes in: _____

c. List the states where your firm is licensed to do business: _____

2. INSURANCE INFORMATION

a. Current Experience Modification Rate (EMR): _____

b. Insurance Company Agency (G/L, Auto, Excess/Umbrella & Workers' Compensation)

Name/Contact Address (Include zip code) Telephone No.

PROVIDE A STATEMENT FROM YOUR INSURANCE BROKER REGARDING YOUR EMR FOR THE PAST THREE (3) YEARS, ALONG WITH THE CURRENT MODIFIER RATE.

3. **We understand that we are expected to meet or exceed all OSHA (29CFR 1901 and/or 19CFR1926) standards for employee safety and health to include required training.** _____

(Initial)

The undersigned hereby represents that the statements, declarations, and answers contained in the foregoing survey are true and correct, and further agrees that any material omission of fact, misstatement, misrepresentation or fraud in the completion of this survey shall serve as grounds for the cancellation of any contract/subcontract that may be awarded to the undersigned by Shaw Industries Group, Inc.

Shaw Industries Group, Inc. is hereby authorized to investigate any portion of information that has been provided.

Completed By: _____

Title: _____

Signed this _____ day of _____ 20 ____

Please return this form to:

Shaw Industries Group, Inc.

ATTN: Risk Management

P.O. Drawer 2128

Dalton, GA. 30722-2128

Note: If you intend to subcontract any work to others, this form should be completed for each lower-tiered subcontractor.