

West Virginia Board of Risk and Insurance Management

Loss Control Questionnaire

Dear Valued Customer:

The following eight pages contain your Fiscal Year 2021 Loss Control Questionnaire.

It is divided into six sections, with each section addressing a different risk management area. Section Six (VI) applies only to Public Service Water and Sewer Districts and/or Law Enforcement agencies and the last page lists information about the documentation we are requesting.

The purpose of this Questionnaire is to provide us with information we need to better understand your current efforts to limit and control preventable claims and also to provide us with detailed information regarding your specific loss control policies and programs. In addition, the information you provide will help us identify specific risk management areas where our technical assistance may be of the greatest benefit to you.

Our goal is to do whatever we can to help you avoid or eliminate unnecessary losses and claims.

As an incentive to developing these essential programs and policies, we are offering a system of premium credits and surcharges associated with this Questionnaire. The greater the number of “yes” answers you have, accompanied by the appropriate and relevant documentation, the greater the likelihood you will be entitled to a premium credit for this next fiscal year. Conversely, the greater the number of “no’s”, and/or an absence of appropriate supporting documentation, may result in no change in your premium, or in a surcharge.

We hope each one of our customers will succeed in getting a premium credit to help them control their insurance costs.

Thank you for completing this Questionnaire.

SECTION I

ORGANIZATIONAL SAFETY

1. Do you have a written Safety or Loss Control policy statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Was it signed by senior management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have all employees, board members/officers, and volunteers been trained on the policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have a Safety Director? (If "yes", what is his/her name)? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you currently have a safety committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are written minutes kept for safety committee meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are all levels of your organization evaluated annually for safety practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Please count the number of yes's and no's and provide the numbers in the area provided below).

NUMBER OF YES'S AND NO'S _____

**QUESTIONS REGARDING THIS QUESTIONNAIRE SHOULD BE
DIRECTED TO BRIM'S LOSS CONTROL DEPARTMENT**

AT

(304)-766-2646

OR

TOLL FREE AT (800)-345-4669

SECTION II

EMPLOYMENT PRACTICES

<p>8. Do you have written personnel policies that require compliance with EEOC and applicable federal and state employment laws and/or written by-laws. <i>(This question applies even if you only have volunteers at your organization. If you have checked "yes", indicate which areas they cover).</i></p> <p style="text-align: center;"> <input type="checkbox"/> Hiring <input type="checkbox"/> Promotion <input type="checkbox"/> Discipline <input type="checkbox"/> Termination </p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>9. Do you have an entity wide policy specifically prohibiting sexual harassment?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>10. Does your policy make clear that your entity does not tolerate any form of harassment in the workplace?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>11. Does your policy clearly state a mechanism for reporting allegations of harassment to someone other than the alleged offender?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>12. Do you have objective and specific written job descriptions for all employees?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>13. If you have employment positions that involve employees or volunteers dealing with minor children or vulnerable adults, do you perform criminal background checks prior to hiring for these positions?</p> <p>If you have no such positions, please indicate below</p> <p style="text-align: center;"><input type="checkbox"/> No such positions</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>How many background checks did you perform last year?</p>		

(Please count the number of yes's and no's and provide the numbers in the area provided below).

NUMBER OF YES'S AND NO'S _____

SECTION III

VEHICLE/DRIVER SAFETY

(This section applies whether employees, board members/officers, or volunteers drive entity vehicles or use their own vehicles on entity-related travel)

Do you have individuals that drive on your organization's behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do you verify that all employees who drive vehicles on your behalf have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do you have a copy of each of their driver's licenses in your files?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Do you check DMV driver records for every employee who drives a vehicle on your behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Do you provide training on safe vehicle operations to your employees? If the answer is "yes", who provides this training? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Do you do regular preventative maintenance on <u>all entity owned or leased vehicles</u> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Do you verify that all vehicles driven by employees on work-related duties (whether private or entity-owned) are properly insured and registered with valid inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Do you have a policy to, and do you perform root cause ¹ analyses in the event of automobile accidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. What action is taken as a result of these analyses? 		
22. Do you have a program for recognizing safe drivers and accident-free driving? If "yes", how do you recognize these drivers? _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Please count the number of yes's and no's and provide the numbers in the area provided below).

NUMBER OF YES'S AND NO'S _____

¹ "Root Cause" accident investigations are investigations whose purpose is to identify all the contributing factors that lead to an accident, including: failure to follow procedures ("driver error"); inadequate training; improper maintenance; failure to enforce rules ("supervisor error"); weather conditions, etc., and thus, to eliminate all factors that contributed to an accident so they will not be repeated. "Assigning blame" is not a root cause investigation, and will not help prevent future accidents.

SECTION IV

FACILITY SAFETY

23. Do you inspect your facilities regularly for unaddressed hazards and unsafe conditions? If so, how often are these inspections carried out? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Do you use a form or checklist to document building/facility inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Do you address each noted deficiency and prioritize repairs according to importance, based on life safety and cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Are all buildings in compliance with all applicable fire and other safety codes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. If fire detection and suppression systems are required by code are they present and tested periodically?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Please count the number of yes's and no's and provide the numbers in the area provided below).

NUMBER OF YES'S AND NO'S _____

SECTION V

COOPERATION WITH BRIM LOSS CONTROL EFFORTS

28. Do you understand that cooperation with BRIM and its vendors in scheduling meetings and other loss control efforts is a factor we consider in rating this questionnaire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. If received , have you submitted written responses to all BRIM and vendor recommendations within 45 days of receipt and substantially implemented all recommendations within 90 days of your submission; or as alternative to full implementation, submitted a plan of action (for BRIM approval) for addressing all recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Have you submitted the Loss Control Questionnaire form and supporting documentation by the published deadline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Please count the number of yes's and no's and provide the numbers in the area provided below).

NUMBER OF YES'S AND NO'S _____

SECTION VI

ADDITIONAL STANDARDS (AS APPLICABLE)

PUBLIC SERVICE DISTRICTS AND WATER/SEWER DEPARTMENTS

(This section is only for entities that operate sewer treatment plants and or public water supplies)

31. Do you have a scheduled and documented sewer maintenance and inspection program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Do you promptly take appropriate action to address deficiencies noted during the inspection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Do you keep storm water run off and sewer water separate from each other?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Please count the number of yes's and no's and provide the numbers in the area provided below).

NUMBER OF YES'S AND NO'S _____

LAW ENFORCEMENT

(This section is only for entities that have law enforcement duties)

34. Do you have a training officer? If "yes" what is his/her name? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Do you have written policies and procedures that cover law enforcement operations? (Check the ones you have) _____ Resolving confrontations using non-physical means _____ Use of Force (lethal and non-lethal) _____ Vehicle pursuits _____ Search and seizure and use of the <i>Miranda</i> warning _____ Arrest and custody of suspects and prisoners _____ Domestic violence _____ Diversity and tolerance _____ Prevention of sexual abuse of persons in custody _____ Racial and other types of profiling _____ Mandated reporting of unlawful or improper actions by other officers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Do you conduct weapons training for all officers at least once annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. What action is taken if an officer doesn't pass his or her weapons training? _____		

(Please count the number of yes's and no's and provide the numbers in the area provided below).

NUMBER OF YES'S AND NO'S _____

DOCUMENTATION

In addition to answering the questions in this Questionnaire, please provide the following documents. Failure to provide any or all documentation may result in a premium surcharge.

Documents numbered **6** and **11** (safety committee minutes and current driver training records-both in **bold**) must be resubmitted every year. All other documentation listed below only needs to be submitted once, unless changes are made.

Indicate which documents you have previously submitted and which documents you are currently submitting by checking the appropriate column.

DOCUMENTATION REQUESTED	Previously Submitted	Currently Submitting
1. A copy of your safety policy.		
2. Evidence that your safety policy was approved by management.		
3. Documentation that employees, board members, and volunteers have been trained on your safety policy.		
4. The names of safety committee members.		
5. A list of duties of your safety committee.		
6. The current years' safety committee minutes. (Submit annually)		
7. A copy of your personnel policy, or by-laws if no employees or volunteers.		
8. An example of a manager's job description.		
9. An example of an employee job description.		
10. A copy of your sexual harassment policy.		
11. Evidence of driver training. (Submit annually)		
12. A copy of the form or checklist you use to document facility inspections.		

Name of person completing this form: _____

Title: _____

Phone Number: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS COMPLETE, ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSIONS OR MISREPRESENTATIONS IN THIS QUESTIONNAIRE MAY RESULT IN A SURCHARGE BEING ADDED TO MY INSURANCE PREMIUM.

ORGANIZATION: _____

ACCOUNT NUMBER: _____

SIGNATURE _____ **DATE** _____

COMMENTS

