# West Virginia Board of Risk and Insurance Management

# Loss Control Questionnaire

Dear Valued Customer:

The following ten pages contain your Fiscal Year 2027 Loss Control Questionnaire.

It is divided into seven sections, with each section addressing a different risk management area. Section Seven (VII) 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, <u>accompanied by the appropriate and relevant documentation</u>, 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 ☐ | No ☐ |
| 2. Was it signed by senior management? | Yes ☐ | No ☐ |
| 3. Have all employees, board members/officers, and volunteers been trained on the policy? | Yes ☐ | No ☐ |
| 4. Do you have a Safety Director? (If "yes", what is his/her name)? _____ | Yes ☐ | No ☐ |
| 5. Do you currently have a safety committee? | Yes ☐ | No ☐ |
| 6. Are written minutes kept for safety committee meetings? | Yes ☐ | No ☐ |
| 7. Are all levels of your organization evaluated annually for safety practices? | Yes ☐ | No ☐ |

**(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

| | | |
|---|---|---|
| 8. Do you have written personnel policies that require compliance with EEOC and applicable federal and state employment laws and/or written by-laws.<br><br>(*This question applies even if you only have volunteers at your organization. If you have checked "yes", indicate which areas they cover*).<br><br>    _____ Hiring<br>    _____ Promotion<br>    _____ Discipline<br>    _____ Termination | Yes ☐ | No ☐ |
| 9. Do you have an entity wide policy specifically prohibiting sexual harassment? | Yes ☐ | No ☐ |
| 10. Does your policy make clear that your entity does not tolerate any form of harassment in the workplace? | Yes ☐ | No ☐ |
| 11. Does your policy clearly state a mechanism for reporting allegations of harassment to someone other than the alleged offender? | Yes ☐ | No ☐ |
| 12. Do you have objective and specific written job descriptions for all employees? | Yes ☐ | No ☐ |
| 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?<br><br>If you have no such positions, please indicate below<br><br>    ☐ No such positions | Yes ☐ | No ☐ |
| How many background checks did you perform last year? | | |

**(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 ☐ | No ☐ |

| | | |
|---|---|---|
| 14. Do you verify that all employees who drive vehicles on your behalf have a valid driver's license? | Yes ☐ | No ☐ |
| 15. Do you have a copy of each of their driver's licenses in your files? | Yes ☐ | No ☐ |
| 16. Do you check DMV driver records for every employee who drives a vehicle on your behalf? | Yes ☐ | No ☐ |
| 17. Do you provide training on safe vehicle operations to your employees? If the answer is "yes", who provides this training? _____ | Yes ☐ | No ☐ |
| 18. Do you do regular preventative maintenance on <u>all entity owned or leased vehicles</u>? | Yes ☐ | No ☐ |
| 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 ☐ | No ☐ |
| 20. Do you have a policy to, and do you perform root cause[1] analyses in the event of automobile accidents? | Yes ☐ | No ☐ |
| 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 ☐ | No ☐ |

**(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 _____ _____

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[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.

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# 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 ☐ | No ☐ |
| 24. Do you use a form or checklist to document building/facility inspections? | Yes ☐ | No ☐ |
| 25. Do you address each noted deficiency and prioritize repairs according to importance, based on life safety and cost? | Yes ☐ | No ☐ |
| 26. Are all buildings in compliance with all applicable fire and other safety codes? | Yes ☐ | No ☐ |
| 27. If fire detection and suppression systems are required by code are they present and tested periodically? | Yes ☐ | No ☐ |

**(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 ☐ | No ☐ |
| 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 ☐ | No ☐ |
| 30. Have you submitted the Loss Control Questionnaire form and supporting documentation by the published deadline? | Yes ☐ | No ☐ |

**(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** _____  _____

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# SECTION VI

## CYBER/INFORMATION SECURITY AND PRIVACY

| | | |
|---|---|---|
| Do you have individuals who process Personally Identifiable Information (PII)[2] regarding your employees, citizens or other individuals you serve? | Yes ☐ | No ☐ |

| | | |
|---|---|---|
| 31. Do you execute confidentiality agreements with employees, board members, volunteers and all other members of your workforce? | Yes ☐ | No ☐ |
| 32. Do you have privacy policies, including an incident response procedure, in place? | Yes ☐ | No ☐ |
| 33. Do you provide the following training to your employees, board members, volunteers and all other members of your workforce:<br>• Privacy awareness training every year; and,<br>• Security awareness every year? | Yes ☐ | No ☐ |
| 34. Do you retain personal information no longer than required by your record retention schedule and ensure its secure disposal? | Yes ☐ | No ☐ |
| 35. Have you implemented a policy to categorize information and information systems that takes into account the potential risk? | Yes ☐ | No ☐ |
| 36. Do you require data-at-rest protection (encryption) on all entity-owned laptop computers, tablets and smartphones? | Yes ☐ | No ☐ |
| 37. Do you require the use of strong authentication, such as complex passwords, to access information systems, and do you regularly audit account access, removing old accounts and unnecessary privileges? | Yes ☐ | No ☐ |
| 38. Do you complete vulnerability scanning of information systems, at a minimum of quarterly, and validate that vulnerabilities are addressed in accordance to a risk management methodology? | Yes ☐ | No ☐ |

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[2] "PII" includes all information that identifies, or can be used to identify, locate, contact, or impersonate a particular individual. PII also includes Protected Health Information (PHI) as that term is defined in the HIPAA Privacy Rule, 45 CFR § 160.103. PII is contained in public and non-public records. Examples may include but are not limited to a specific individual's: first name (or initial) and last name (current or former); geographical address; electronic address (including an e-mail address); personal cellular phone number; telephone number or fax number dedicated to contacting the individual at his or her physical place of residence; social security account number; credit and debit card numbers; financial records, including checking, savings and other financial account numbers, and loan accounts and payment history; consumer report information; mother's maiden name; biometric identifiers, including but not limited to, fingerprints, palm prints, facial recognition, full face image and iris scans; driver identification number; birth date; birth adoption or death certificate numbers; physical description; genetic information; medical, disability or employment records, including salary information; computer information, including information collected through an Internet Cookie; and criminal records and history. It also includes any other information concerning an individual that, if disclosed, identifies or can be used to identify a specific individual physically or electronically.

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| 39. Do you annually verify your backup policy and procedure for the protection of critical information systems and critical data? | Yes ☐ | No ☐ |
|---|---|---|

**(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 VII

## 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)**

| | | |
|---|---|---|
| 40. Do you have a scheduled and documented sewer maintenance and inspection program? | Yes ☐ | No ☐ |
| 41. Do you promptly take appropriate action to address deficiencies noted during the inspection? | Yes ☐ | No ☐ |
| 42. Do you keep storm water run off and sewer water separate from each other? | Yes ☐ | No ☐ |

**(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)**

| | | |
|---|---|---|
| 43. Do you have a training officer? If "yes" what is his/her name? _____ | Yes ☐ | No ☐ |
| 44. Do you have written policies and procedures that cover law enforcement operations? (Check the ones you have)<br><br>____ Resolving confrontations using non-physical means<br>____ Use of Force (lethal and non-lethal)<br>____ Vehicle pursuits<br>____ Search and seizure and use of the *Miranda* warning<br>____ Arrest and custody of suspects and prisoners<br>____ Domestic violence<br>____ Diversity and tolerance<br>____ Prevention of sexual abuse of persons in custody<br>____ Racial and other types of profiling<br>____ Mandated reporting of unlawful or improper actions by other officers | Yes ☐ | No ☐ |
| 45. Do you conduct weapons training for all officers at least once annually? | Yes ☐ | No ☐ |
| 46. 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, 11, 13, and 15 (safety committee minutes, current driver training records, current confidentiality agreement records and acceptable computing practices and security awareness training records - all in bold) must be resubmitted every year**. Document number **14** (Privacy training records must be submitted every two years. 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 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. | | |
| **13. Evidence of confidentiality agreement execution. (Submit annually)** | | |
| **14. Evidence of privacy awareness training (Submit annually)** | | |
| **15. Evidence of acceptable computing practices and security awareness Training. (Submit annually)** | | |
| 16. A copy of your privacy policies, including an incident response Procedure. | | |

**Name of person completing this form:** _____

**Title:** _____

**Phone Number:** _____

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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** _____

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**COMMENTS**

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