



Workplace Safety and Loss Prevention Incentive Program Appendix A

Use this form if you need more space when filling out the Application for Approval, Evaluation Report, Annual Report, or Renewal Application forms.

Incentive Certificate Number: _____ Issue date: _____ Expiration date: _____

Section A: Employer Information

Company Name	Contact Person	
Company Address	Title	
City	State	Zip Code
Phone Number	FEIN	

Section B: Additional Company Location(s) Information

Use this section to report additional company locations for an Application for Approval, Evaluation Report, Annual Report, or Renewal Application.

Company Location #	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #6	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #7	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #8	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #9	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #10	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #11	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #12	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #13	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative

Company Location #14	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #15	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #16	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #17	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #18	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #19	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #20	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #21	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #22	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #23	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #24	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #25	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #26	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #27	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #28	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #29	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #30	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative

Section C: Additional Employee Representative(s) Information

Use this section to report additional Employee Representatives with an Application for Approval, Evaluation Report, Annual Report, or Renewal Application.

Employee Representative (#4)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#5)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#6)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#7)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#8)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#9)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#10)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#11)	Bargaining Unit (if applicable)
Work Location	Phone Number
Employee Representative (#12)	Bargaining Unit (if applicable)
Work Location	Phone Number

Section D: Additional Employer Claim Information

Use this section to report injuries for an Annual Report.

- Report any claims that have been filed within the last year and any open claims from any previous year with the corresponding injury classification, NAICS and injury severity.
- Injury classifications are: Caught by, struck by, slip or trip, lung related disease, back injury, and electrical shock.
- Severity of injury types are: Death, Permanent total disability, Permanent partial disability, Temporary total disability and Medical only.

Reported Injury #6	Primary NAICS	Severity of Injury
Reported Injury #7	Primary NAICS	Severity of Injury
Reported Injury #8	Primary NAICS	Severity of Injury
Reported Injury #9	Primary NAICS	Severity of Injury
Reported Injury #10	Primary NAICS	Severity of Injury
Reported Injury #11	Primary NAICS	Severity of Injury
Reported Injury #12	Primary NAICS	Severity of Injury
Reported Injury #13	Primary NAICS	Severity of Injury
Reported Injury #14	Primary NAICS	Severity of Injury
Reported Injury #15	Primary NAICS	Severity of Injury
Reported Injury #16	Primary NAICS	Severity of Injury
Reported Injury #17	Primary NAICS	Severity of Injury
Reported Injury #18	Primary NAICS	Severity of Injury
Reported Injury #19	Primary NAICS	Severity of Injury
Reported Injury #20	Primary NAICS	Severity of Injury
Reported Injury #21	Primary NAICS	Severity of Injury
Reported Injury #22	Primary NAICS	Severity of Injury
Reported Injury #23	Primary NAICS	Severity of Injury
Reported Injury #24	Primary NAICS	Severity of Injury
Reported Injury #25	Primary NAICS	Severity of Injury