CONSTRUCTION SAFETY COUNCIL OF NORTHEAST OHIO
RE-ENROLLMENT FORM

CONTRACTOR NAME:

(NAME as it appears above will be the way it appears on any awards, etc.)

TYPE OF WORK PERFORMED:

ADDRESS: CITY, STATE, ZIP:

E-MAIL ADDRESS:

TELEPHONE: FAX: FEDERAL ID #:

E-MAIL ADDRESS:

BWC POLICY NUMBER: AVERAGE NUMBER OF EMPLOYEES:

Please Circle One

<table>
<thead>
<tr>
<th>NAICS CODE (WORKING DIVISIONS)</th>
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<td>NAICS 236 or SIC15</td>
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| Construction of Buildings   | Heavy and Civil Engineering Construction Special Trade Contractors

By signing below as the company President or CEO you are committing your company to the following:

1. Send representatives to at least 10 meetings in the timeframe identified (July 1, 2020– June 30, 2021);
   • Employers may earn credit for up to two meetings by attending Workers’ Compensation University (WCU), the Ohio Safety Congress & Expo, Division of Safety & Hygiene training courses or industry-specific safety training
2. Have a qualified senior management representative at the Safety Council CEO event;
3. Submit semi-annual reports for the calendar year 2019 to meet the incentive criteria.

__________________________________________  ____________________________________________
NAME OF CONTACT PERSON  NAME OF PRESIDENT OR CEO

__________________________________________  ____________________________________________
EMAIL ADDRESS FOR CONTACT PERSON  EMAIL ADDRESS FOR PRESIDENT OR CEO

__________________________________________  ____________________________________________
DATE  SIGNATURE OF PRESIDENT OR CEO

What would you like to see made available in the way of training that might help your safety efforts for your company?

________________________________________________________________________

Safety Council Use Only

Policy Number  Unit Number  Safety Council Code  Group Code

Please mail to: Construction Safety Council, 950 Keynote Circle #10, Brooklyn Hts., OH 44131