

# ENROLLMENT FORM 2018-2019

We are in accord with an effort to reduce the number of accidents occurring in our employees, and desire to enter our company in the safety campaign program.

We will cooperate with the Safety Council in furnishing reports requested and will make every effort to have a representative of our company attend the meetings sponsored by the Safety Council.

**Deadline for enrollment is July 30, 2018**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

CEO or Company Administrator \_\_\_\_\_

Average Number of Employees \_\_\_\_\_

Type of Work \_\_\_\_\_

B W C Policy Number \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax completed form to 513-896-5334 or email to [gtrhamsc@hamiltonsafety.com](mailto:gtrhamsc@hamiltonsafety.com)

**To Be Completed By the Safety Council  
Safety Council Account Number  
(Must be completed before forwarding to BWC)**

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