

Utah URCA Participation Agreement

Provided by WCF Insurance for the members of the Utah Roofing Contractors Association

Please print or type

Name of Insured	
Give Exact and Full Name	Policy Number

Mailing Address			
Street or P.O. Box			Business Telephone No.
City	State	Zip Code	Fax Number

In order to be eligible for, and continue in the program, I/we agree to adhere to the following:

1. Implement written recommendations made by WCF Insurance's safety and health staff pertaining to hazards that would qualify as OSHA serious violations.
2. Attendance by an owner, member of management or supervisor at a minimum of two WCF Insurance safety seminars each policy year. These seminars must be conducted by WCF Insurance's safety and health staff. Association sponsored seminars may be used to satisfy this requirement only if the course has been pre-approved by WCF Insurance's safety and health management and the content is directly related to injury prevention. This requirement may also be satisfied by completion, within the policy year, of an OSHA 10-hour or 30-hour course. A copy of the student's graduation certificate with the signature of an OSHA approved instructor must be provided. Training requirements will be waived if an owner, member of management, or supervisor of the member/policyholder organization holds and maintains a WCF Insurance Safety & Health Associate or Master certificate from the WCF Insurance Safety Academy program.

Association members must meet program eligibility criteria established by WCF Insurance and the Utah Roofing Contractors Association in order to participate in the program. Termination of membership in the Utah Roofing Contractors Association, failure to comply with participation guidelines, or the expiration or cancellation of workers compensation coverage through WCF Insurance will void this agreement. Should you, for any other reason, elect to terminate this agreement, written notification must be submitted to the Utah Roofing Contractors Association and WCF Insurance.

Print or Type Name and Title of Contact Person	Signature of Contact Person	Date
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Please retain a copy for your records and give the original to your agent or marketing representative, or send to:

WCF Insurance
100 West Towne Ridge Pkwy
Sandy, Utah 84070

(800) 446-2667 | Fax: (385) 351-8984

wcf.com

For your protection, Utah law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.