



Submit the form to BWC in one of the following ways.

Email: bwcotherstatescoverage@bwc.ohio.gov

Fax: 1-800-671-2351

Mail: BWC Mail Processing Center
Attn: Other States Coverage
30 W. Spring St.
Columbus, OH 43215-2256

Important: If you email, fax, or mail the form to BWC, be sure to sign and date the form. BWC cannot process it without a signature.

Business name		BWC policy number
Form completed by (name)	Contact phone number	Contact email address

Historically, falls are the leading cause of fatalities in construction, accounting for one-third of all fatalities in the industry.
Please answer the following questions regarding fall protection at your workplace or job sites.

1. Identify all of your fall hazards 6 feet or more above the ground or from a lower level at your job sites.
2. Describe your written fall protection program that identifies responsibilities and accountabilities for competent and qualified persons?
3. Name of your competent and qualified person or persons.
4. Does a competent person conduct frequent and regular site-specific fall hazards inspections on all job sites?
5. Identify those areas where exposures to falls exist (i.e., scaffolds, ladders, roofs, structural framing, leading edge, overhand brick laying and elevated work platforms).



Fall Protection in Construction Supplemental Questions

6. What fall protection measures, systems and equipment do you commonly use?
7. Do you have a fall protection-training program at your workplace? Have you trained your employees on these systems on the job site? Provide recent fall protection training dates?
8. Do you have worker rescue procedures in place that do not rely on the fire department?
9. Do you have an enforcement policy established? Have you communicated and enforced this policy at your workplace or job sites?
10. Have you informed other subcontractors on your site-specific fall protection measures?

For more information visit <https://info.bwc.ohio.gov/for-employers/safety-and-training> or call your local service office.

By my signature, I certify I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Date _____

Date _____

Date _____

Date _____