

Request for Board of Commissioners' Action

From: Faye Hughes **Date:** July 24, 2017

Subject: Safety Coordinator **Item Number:** VIII-C

Cook County's Property and Liability and Workers' Compensation Policies with ACCG require that each year Cook County designate a Safety Coordinator, Insurance Contract and HR Liaison. Since 2004, Vicki Parrish has served as the county designee to meet these requirements.

If the Board agrees, the Chairman will need a motion to reappoint Vicki Parrish, as Safety Coordinator, Insurance Contact and HR Liaison for ACCG.

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Motion made by _____

Second made by _____

Any discussion: _____

Votes _____ yes _____ no

Motion carried/ failed



COUNTY

[159 COUNTY GOVERNMENTS]

INTERLOCAL RISK MANAGEMENT AGENCY [Property & Liability]

SAFETY DISCOUNT VERIFICATION FORM

The members of the Board of Commissioners of COOK County
(Name of County)
hereby verify that they fully comply with the requirements of the Safety Discount Program.

County Chairman Signature

Date

- The appointed **ACCG – IRMA Insurance Contact** is Vicki S. Parrish
(County Contact receives invoices & renewals for property & liability)

Position County Clerk Email: vparrish1@windstream.net

- The appointed **ACCG – IRMA Safety Coordinator** is Vicki S. Parrish
(Safety Coordinator is responsible for the Safety Program)

Position County Clerk Email: vparrish1@windstream.net

- The appointed **ACCG Human Resource Liaison Contact** is Vicki S. Parrish
(County Liaison is authorized to communicate with ACCG appointed employment attorney)

Position County Clerk Email: vparrish1@windstream.net

If there is a change in the safety coordinator or insurance contact, please advise if the previous contact is still affiliated with the county in order to maintain a current database. ☐ Yes ☐ No

TRAINING REQUIREMENTS

SAFETY COORDINATORS

☒ COMPLETE SAFETY COORDINATOR MODULES I, II, OR III _____
(COURSE / DATE)

ANY MEMBER EMPLOYEE

☒ ATTEND ONE LGRMS TRAINING COURSE _____
(COURSE / DATE)

If your county is a member of the ACCG - IRMA [property & liability] Insurance Program,
then complete the SAFETY DISCOUNT VERIFICATION FORM by **September 15, 2017.**

Send 1 COPY ONLY (if applicable) to one of the following:

Penny Henderson, ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303
Fax 404-522-1897 / Email phenderson@accg.org



COUNTY

[159 COUNTY GOVERNMENTS]

GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND SAFETY DISCOUNT VERIFICATION FORM

The members of the Board of Commissioners of COOK County
(Name of County)
hereby verify that they fully comply with the requirements of the Safety Discount Program.

County Chairman Signature

Date

- The appointed **ACCG – GSIWCF Insurance Contact** is Vicki S. Parrish
(County Contact receives invoices & renewals for workers' compensation)

Position County Clerk

Email: vparrish1@windstream.net

- The appointed **ACCG – GSIWCF Safety Coordinator** is Vicki S. Parrish
(Safety Coordinator is responsible for the Safety Program)

Position County Clerk

Email: vparrish1@windstream.net

If there is a change in the safety coordinator or insurance contact, please advise if the previous contact is still affiliated with the county in order to maintain a current database. ☐ Yes ☐ No

TRAINING REQUIREMENTS

SAFETY COORDINATORS

☒ COMPLETE SAFETY COORDINATOR MODULES I, II, OR III _____
(COURSE / DATE)

ANY MEMBER EMPLOYEE

☒ ATTEND ONE LGRMS TRAINING COURSE _____
(COURSE / DATE)

If your organization is a member of the ACCG - GSIWCF [workers' comp] Insurance Program,
then complete the SAFETY DISCOUNT VERIFICATION FORM by **September 15, 2017.**

Send 1 COPY ONLY (if applicable) to one of the following:

Penny Henderson, ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303
Fax 404-522-1897 / Email phenderson@accg.org