

Request for Board of Commissioners' Action

From: Faye Hughes Date: July 25, 2019

Subject: ACCG -Safety Coordinator Item Number: VIII-E

ACCG's Property & Liability policy offers a safety discount toward the annual premium each year. In order for the County to receive that discount a safety coordinator has to be named. Cook County's savings this annual renewal were \$12,087. Since 2004, Vicki Parrish has served as the county designee to meet this requirement.

If the Board agrees, the Chairman will need a motion to reappoint Vicki Parrish, as Safety Coordinator, and authorize the Chair's endorsement on the Safety Discount Verification Forms.

.
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

If the organization is a member of the ACCG - IRMA [property & liability] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between

August 1, 2019 and September 19, 2019

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 Safety Coordinator is Vicki Parrish
(Safety Coordinator is responsible for the Safety Program)

Position County Clerk Email: vparrish1@windstream.net

TRAINING REQUIREMENTS

- SAFETY COORDINATORS

☒ COMPLETE SAFETY COORDINATOR MODULES I, II, OR III
I February 2005
II April 2006
III November 2006
(COURSE / DATE)

- ANY MEMBER EMPLOYEE

☒ ATTEND ONE LGRMS TRAINING COURSE Worker's Compensation- August 2019
(COURSE / DATE)

QUARTERLY SAFETY MEETINGS ☒ OCT - DEC ☒ JAN - MAR ☒ APR - JUN ☒ JUL - SEP

PROGRESS ON SAFETY EFFORTS

- NOTE ACCOMPLISHMENT(S) OF SAFETY EFFORTS OVER THE LAST 12 MONTHS.

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

Fax 404-522-1897 / Email accginsurance@accg.org

ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303



COUNTY

[159 COUNTY GOVERNMENTS]

GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

SAFETY DISCOUNT VERIFICATION FORM

If the organization is a member of the ACCG - GSIWCF [workers' comp] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between

August 1, 2019 and September 19, 2019

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 Safety Coordinator is Vicki Parrish
(Safety Coordinator is responsible for the Safety Program)

Position County Clerk

Email: vparrish1@windstream.net

TRAINING REQUIREMENTS

- SAFETY COORDINATORS

☐

COMPLETE SAFETY COORDINATOR MODULES I, II, OR III

I February, 2005

II April, 2006

III ~~November, 2006~~
(COURSE / DATE)

- ANY MEMBER EMPLOYEE

☒

ATTEND ONE LGRMS TRAINING COURSE

Worker's Compensation - August 2019

(COURSE / DATE)

QUARTERLY SAFETY MEETINGS

☒

OCT - DEC

☒

JAN - MAR

☒

APR - JUN

☒

JUL - SEP

SAFETY ACTION PLAN PROGRESS

- DEVELOP A CURRENT SAFETY ACTION PLAN AND SEND A SIGNED COPY ALONG WITH THIS FORM.
- HIGHLIGHT ACHIEVEMENT(S) OVER THE LAST 12 MONTHS ON PRIOR SAFETY ACTION PLAN.

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

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