Safety Benefits Inc.

May 2026

Celebrate your success!

2026 Safety & Loss Control Recognition Awards

Awards to be presented at the SDML Convention in October.

Safety Benefits, Inc., on behalf of the SDML Workers' Compensation Fund and the South Dakota Public Assurance Alliance, is pleased to share the criteria for the 2026 Safety and Loss Control Recognition Awards.

The purpose of these awards is to promote loss control and safety awareness and recognize the many Pool Members who work very hard in these areas.

There are three levels of achievement: bronze, silver and gold. The platinum level will be awarded again this year, but Members do not apply for this level. The platinum award is presented to Members achieving the gold level with a combined loss ratio (3 years; all lines of coverage) of less than 60% for each Pool to which the Member belongs.

Members can apply to receive any level award for which they feel criteria has been met, but bronze is a good place to start. Remember, this is not a competition against other Pool Members. Every Member meeting the qualifications for a level will receive an award. The same award level can be earned in consecutive years.

Attached are applications for each level of safety and loss control award - bronze, silver, and gold. Please consider participating in the 2026 Safety and Loss Control Recognition Awards Program!

DETAILS

- Completed applications must be received by **SEPTEMBER 11, 2026**
- Send to: Safety Benefits Inc., 602 E. State St., Plankinton SD 57368;
- OR Email to: Carla Snedeker at csnedeker@safety-benefits.com
- Include your email address on the application for easy
- communication Contact Safety Benefits, Inc. at 888-313-0839 with questions

2026 Safety and Loss Control Recognition Awards Application

Entity: _____ Date: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Email Address: _____ Due Date: 9/11/2026

BRONZE LEVEL

To achieve a Bronze Level award, your entity must comply with each of the following items. Please answer yes or no and attach the appropriate documentation as requested.

1. Has your entity responded to recommendations (if any) made following SBI's most recent loss control survey? *Outstanding loss control improvement recommendations must be completed/responded to in order to qualify for a safety award. Contact SBI with questions 605-334-9567 / 1-888-313-0839.* **Comments:** _____	**Yes** ____	**No** ____
2. Has your entity adopted a Safety Manual? Please attach a copy of the table of contents including date(s) adopted/updated. If a copy was submitted previously, a new one only need be submitted if the Safety Manual was revised **Submitted Previously** (*check here*)**:** _____ **Updated Version Attached** (*check here*)**:** _____	**Yes** ____	**No** ____
3. Has your entity adopted a Personnel Policies & Procedures Manual (Employee Handbook) addressing hiring, termination, discipline, sexual harassment and workplace violence? Please attach a copy of the table of contents including date(s) adopted/updated. If a copy was submitted previously, a new one only need be submitted if the Manual was revised. **Submitted Previously** (*check here*)**:** _____ **Updated Version Attached** (*check here*)**:** _____	**Yes** ____	**No** ____
4. Has a representative(s) of your entity attended at least one safety training session offered by SBI or another organization (MSHA, MMUA, SD Safety Council, or online course)? Please attach an attendance roster (attendee names, training date, training topic and trainer). **Comments:** _____	**Yes** ____	**No** ____
5. Are first-aid kits installed in each occupied building? **Comments:** _____	**Yes** ____	**No** ____
6. Are first-aid kits installed in all ***primary*** vehicles? **Comments:** _____	**Yes** ____	**No** ____
7. Are fire extinguishers installed in all buildings so no one must travel more than 75 feet (Class A fires) or 50 feet (Class B & C fires) to reach one? **Comments:** _____	**Yes** ____	**No** ____
8. Are fire extinguishers installed in all primary vehicles and pieces of equipment? **Comments:** _____	**Yes** ____	**No** ____
9. Have fire extinguishers been serviced by a certified technician (usually an outside vendor) in the past 12 months? **Comments:** _____	**Yes** ____	**No** ____
10. Have employees received training on the proper use of fire extinguishers in the past 2 years? Please attach an attendance roster (attendee names, training date, training topic and trainer). **Comments:** _____	**Yes** ____	**No** ____

2026 Safety and Loss Control Recognition Awards Application

Entity: _____ Date: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Email Address: _____ Due Date: 9/11/2026

SILVER LEVEL

To achieve a Silver Level award, an entity must comply with all Bronze Level items and each of the following Silver Level items. Please answer yes or no and attach the documentation as requested.

11. Did a representative(s) of your entity attend the 2025 Safety and Loss Control Training Conference in November in Pierre? Please note who attended. *In order to qualify for the Silver Level safety award an entity representative must have attended last year's safety conference*. **Attendee(s):** _____	**Yes** ____	**No** ____
12. Does your entity have a Safety Committee and/or a Safety Coordinator (*safety tasks specifically assigned to an employee will qualify as having a Safety Coordinator*)? For Safety Committee please attach documentation showing date formed, number of members, date of last meeting, and minutes from meetings held in 2025. For Safety Coordinator please attach description of duties. **Comments:** _____	**Yes** ____	**No** ____
13. Does your entity obtain Certificates of Insurance, additional insured endorsements and hold harmless agreements from contractors (liability and worker's comp)? If YES, please attach some samples. If NO, please explain below. **Comments:** _____	**Yes** ____	**No** ____
14. Has your entity adopted an incident investigation program? Please attach the written policy or submit an explanation of how the program works. If a copy was submitted previously, a new one only need be submitted if the policy/program was revised. **Submitted Previously** (*check here*)**:** _____ **Updated Version Attached** (*check here*)**:** _____	**Yes** ____	**No** ____
15. Does your entity document complaints of potential liability issues from citizens (i.e. road signs down, bad roads, bad sidewalks, obstructed view at intersections)? Please attach a sample of the form/description of the process used. **Comments:** _____	**Yes** ____	**No** ____
16. If your entity has a law enforcement agency covered by the SDPAA: Has the agency ***adopted policies and procedures*** in the 12 critical tasks as recommended by the SDPAA? **AND** Is ***annual training*** on these policies and procedures provided to officers/deputies? Please attach an attendance roster (attendee names, training date, training topic and trainer). **Our entity does not have a law enforcement agency** (*check here*)**:** _____	**Yes** ____	**No** ____
17. Has your entity provided back injury prevention/safe lift training for employees in the past 12 months (*online training is acceptable*)? Please attach an attendance roster (attendee names, training date, training topic and trainer). **Comments:** _____	**Yes** ____	**No** ____
18. Has your entity provided slip, trip and fall prevention training in the past 12 months (*online training is acceptable*)? Please attach an attendance roster (attendee names, training date, training topic and trainer). **Comments:** _____	**Yes** ____	**No** ____
19. Does your entity have a personal protective equipment (PPE) program for employees? Please attach information outlining your program. If information was submitted previously, new information only need be submitted if the program was revised. **Submitted Previously** (*check here*)**:** _____ **Updated Version Attached** (*check here*)**:** _____	**Yes** ____	**No** ____

2026 Safety and Loss Control Recognition Awards Application

Entity: _____ Date: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Email Address: _____ Due Date: 9/11/2026

GOLD LEVEL

To achieve a Gold Level award, an entity must comply with all Bronze and Silver Level items and each of the following Gold Level items. Please answer yes or no and attach appropriate documentation as requested after certain items.

	Yes	No
20. Within the past 36 months, has your entity: • provided a defensive driving course (SBI, MSHA, MMUA, SD Safety Council, etc., or online course) for your employees; **AND** • devoted at least one safety meeting (tailgate and/or toolbox meetings are acceptable) to a safe driving topic (distracted driving, use of cell phones, winter driving, etc.)? For **each** of the above please attach an attendance roster (attendee names, training date, training topic and trainer). **Comments:** _____	____	____
21. Does your entity provide regular safety training for employees (weekly, monthly, quarterly, etc.)? Please attach safety training information for the past 12 months (2025) noting training frequency and topics covered. **Comments:** _____	____	____
22. Does your entity conduct documented self-inspections of buildings and properties on a regular basis? Self-inspections consist of a walk through where the person(s) conducting the audit looks for potential hazards. Written recommendations are then given to management for elimination or mitigation of hazards identified. Self-inspections may be of office areas, garages, shops, playgrounds, sidewalks, parking lots, etc. Please attach copies of some audits conducted in the past 12 months (2025). **Comments:** _____	____	____
23. Does your entity comply with the Loss Control Checklists (where applicable) provided by SBI for: **a)** Administrative **b)** Conservation District **c)** Emergency Management **d)** Emergency Medical Services **e)** Fire Services **f)** Jail **g)** Law Enforcement **h)** Library **i)** Maintenance/Custodial **j)** Parks and Recreation **k)** Streets and Highways **l)** Swimming Pools **m)** Utilities **n)** Water and Wastewater **o)** Weed District **To obtain copies of checklists, email Carla Snedeker at csnedeker@safety-benefits.com or call Safety Benefits at (888) 313-0839** **Comments:** _____	____	____