



Contractor Safety Qualification Form

Organization Name: _____
Safety Contact Name: _____
Safety Contact Phone: _____
Safety Contact Email: _____

Experience Modification Rate (EMR)*

Current Year 20____ _____
Previous Year 20____ _____
Year Before Last 20____ _____
Three Year Average: _____

***Note: Provide copies of Workers Compensation Insurance policy or letter from Workers Compensation Insurance as attachments**

List of three work activities JEA may use to find your company:
For example: painting, concrete, plumbing, construction, etc.

- 1. _____
- 2. _____
- 3. _____

By signing, your organization agrees to adhere to JEA’s Contractor Safety Management Process

Signature _____ Date _____

To be completed & emailed to JEA Safety & Health Services (Safety@JEA.com)