

SAFETY STATISTICS & EMR LETTER TEMPLATE

STRAVIK Construction Group · Controlled Document

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STV-HSE-FRM-020	00 (Initial Issue)	2026-10-24	[SAFETY DIRECTOR]	Issued for review / pending approval

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REVISION HISTORY

Rev.	Date	Description of Change	Prepared By	Approved By
00	2026-10-24	Initial issue for STRAVIK Construction Group	[PREPARED BY]	Michael Gaya, President

1. PURPOSE

Template for STRAVIK Construction Group's annual safety statistics summary and the request/format for the insurance carrier's Experience Modification Rate (EMR) verification letter used in prequalification.

2. SAFETY STATISTICS (OSHA 300A BASIS)

Item	[YEAR 1]	[YEAR 2]	[YEAR 3]
Total hours worked	[DATA]	[DATA]	[DATA]
Fatalities	[DATA]	[DATA]	[DATA]
Days-away cases	[DATA]	[DATA]	[DATA]
Restricted / transferred cases	[DATA]	[DATA]	[DATA]
Other recordable cases	[DATA]	[DATA]	[DATA]
Total recordable cases	[DATA]	[DATA]	[DATA]
TRIR (cases × 200,000 / hours)	[TRIR]	[TRIR]	[TRIR]
DART rate	[DART]	[DART]	[DART]
EMR (intrastate / NCCI)	[EMR]	[EMR]	[EMR]

Rates are calculated as (number of cases × 200,000) ÷ total hours worked. Source records: OSHA Form 300/300A (STV-HSE-REG-018C1).

3. EMR LETTER - REQUEST TO CARRIER

To: **[INSURANCE CARRIER]** / **[INSURANCE BROKER]**

Please issue on your letterhead a statement of STRAVIK Construction Group's Experience Modification Rate for the three most recent policy years, including the rating bureau (NCCI or state), effective dates, and the name and signature of an authorized representative.

4. EMR LETTER – REQUIRED CONTENT

- Insured name: STRAVIK Construction Group, 4521 PGA Blvd, Unit 509, Palm Beach Gardens, FL 33418
- Workers' compensation carrier and policy number: **[INSURANCE CARRIER]** / **[WC POLICY NO.]**
- EMR by year with rating effective dates: **[EMR]**
- Statement of open or closed claims: **[CLAIMS SUMMARY]**
- Authorized carrier signature and date

5. CERTIFICATION

The statistics above are true and accurate as recorded on STRAVIK's OSHA 300 logs.

Prepared by: **[SAFETY DIRECTOR]** Approved by: Michael Gaya, President

APPROVAL

Role	Name	Title	Signature	Date
Prepared By	[PREPARED BY]	[TITLE]		
Reviewed By	[QUALITY / HSE MANAGER]	[TITLE]		
Approved By	Michael Gaya	President		

This document is reviewed at least annually, or upon significant organizational, legal or operational change, and re-issued under document control per STV-GOV-POL-011.