GREAT WEST CASUALTY COMPANY

*The Difference is Service®*

# SAFE DRIVING AWARDS – REQUEST FORM

**INSTRUCTIONS:**

1. Awards must be requested **no less than 30 days prior** to "Presentation Date".
2. Complete Sections 1 and 2 below. All fields are required. Please print legibly.
3. When finished, fax or email a copy to your Regional Safety Services department.

## SECTION 1. COMPANY INFORMATION

PRESENTATION DATE: _____ DATE RECEIVED: _____
*(To be completed by GWCC)*

COMPANY NAME: _____
***(Print name as it should appear on award)***

PHYSICAL ADDRESS_____ P.O. BOX: _____

CITY: _____ STATE: _____ ZIP:_____ PHONE #: _____

CONTACT PERSON: _____ EMAIL: _____

***I hereby certify that the following drivers meet the eligibility requirements for the Great West safety awards program.***

_____
*(Signature of company official)*

## SECTION 2. DRIVER INFORMATION *(PLEASE PRINT)*

| **DRIVER NAME(S)** (Please list alphabetically by Last Name) | | | **DRIVER'S LICENSE INFORMATION** | | **HIRE DATE** | **LAST PREVENTABLE ACCIDENT OR SERIOUS VIOLATION** | **PERIOD OF SAFE DRIVING** Deduct years for accidents/violations | | **YEARS OF SAFE DRIVING EARNED** |
|---|---|---|---|---|---|---|---|---|---|
| First Name | MI | Last Name | State | Number | (MM/DD/YYYY) | (MM/DD/YYYY) | FROM | TO | |
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## SECTION 2. DRIVER INFORMATION (CONT.)

| **DRIVER NAME(S)** (Please list alphabetically by Last Name) | | | **DRIVER'S LICENSE INFORMATION** | | **HIRE DATE** | **LAST PREVENTABLE ACCIDENT OR SERIOUS VIOLATION** | **PERIOD OF SAFE DRIVING** Deduct years for accidents/violations | | **YEARS OF SAFE DRIVING EARNED** |
|---|---|---|---|---|---|---|---|---|---|
| First Name | MI | Last Name | State | Number | (MM/DD/YYYY) | (MM/DD/YYYY) | FROM | TO | |
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