

CUSTOMER INJURY ANALYSIS

Understand StrongArms's impact on reducing injuries and related costs

At StrongArm, we are committed to reducing the incidence, cost, and severity of musculoskeletal injuries in large distributed workforces. To quantify the business impact of our program, we offer our customers complementary quarterly analysis of their injury data and the associated costs.

Our Customer Success Team will present the findings to key stakeholders during quarterly business reviews (QBR's) throughout the term of our contract.

WHAT DO WE NEED FROM YOU?

Please provide us with:

- 1. Your currently valued workers' comp. loss runs
- 2. Your OSHA reporting log for the last 3 5 years
- 3. Normalizing data (ex. hours worked, total employee count, payroll, or similar)

· Incident ID

· Injury Description

Expenses Incurred

Date of injury

Occupation

Total Paid

Location Name

Date Closed

Total Incurred

Location ID

Medical Incurred

Injury Type/Classification

· Indemnity Incurred

SAMPLE LOSS RUN

Incident ID	Date of Injury	Location Name	Location ID	Injury Type/ Classification	Injury Description	Date Closed	Incurred Medical Cost	Incurred Indemnity Cost	Incurred Expense Cost	Total Paid	Total Cost
006269000442WC01	01/07/2018	Foster City, CA	CA18	Fall, Slip or Trip, NOC	Admitted injury to right shoulder & bilateral knees		\$244,200	\$74,202	\$17,200	\$69,052	\$335,602
006269000565WC01	03/21/2018	Dallas, TX	TX61	Motor Vehicle, NOC	The employee was involved in a motor vehicle accident		\$1,638,500	\$1,059,106	\$137,500	\$983,887	\$2,835,106
201704008352001	04/21/2018	Brooklyn, NY	NY68	Fall On the Same Level	Left wrist / left hip / head /neck, back, left shoulder & depression		\$352,855	\$91,862	\$15,295	\$82,519	\$460,012
201805080203001	05/18/2018	Pittsburgh, PA	PA21	Caught In/ Between-Machine or Machinery	OR right thumb, index, middle, ring, and small finger amputation		\$597,220	\$304,210	\$52,802	\$290,630	\$954,232
30166438674-0001	08/26/2018	Oceanside, CA	CA09	Holding or Carrying	Accepted right knee walking down stairs		\$242,500	\$91,513	\$38,200	\$66,550	\$372,213
201711009395001	11/13/2018	Hatfield, PA	PA13	Fall, Slip or Trip, NOC	Left shoulder sprain		\$488,584	\$237,633	\$30,679	\$231,838	\$756,896



SAMPLE OSHA DATA

The OSHA report log is standard and can be sent over as-is.

															STATE OF	CAUFO	BNIA-	_
Cal/OSHA Form 300 (Rev.7/2007) Log of Work-Related Injuries and Illnesses					Attention: This form contains information relating to employ a manner that protects the confidentiality of employees to the information is being used for occupational safety and health 14300.29(b)(6)-(10)	e extent	extent possible while the							Yea				
LOG O	i work-Related II	ijuries and in	Hesses												.F. Z	010		
significant work 14300.12. Feel	- related injuries and illnesses that are diagno	osed by a physician or licensed he	alth care professional. You must	also record work-related injuries and illnesses that	sfer, days away from work, or medical treatment beyond first aid. You must also record meet any of the specific recording criteria listed in CCR Tate 8 Section 14300.8 through jury or liness recorded on this form. If you're not sure whether a case is recordable, call		olishmen ood LLC	t name				City/S Sacra	State ament		١			
Identify to	he person		Describe the case			Classi	fy the cas	ie										
(A)	(B)	(C)	(D)	(E)	(F)									Check the "injury" column or choose one type of illness				
							Days away	Job transfer			y from	On the	e job er or	(M)	sorder	indition	aaring	other
			Date of injury or		Describe injury or illness, parts of body affected, and	Death (G)	from work (H)	or restriction	cases (J)	_	vork (K)	restric (L		<u>三</u> め	(2) (3)	3 4	(5)	₹ ≜
Case#	Employee's Name	Job Title (e.g. welder)	onset of illness (month/day)	Where the event occurred (e.g. Loading dock north end)	object/substance that directly injured or made person ill. (e.g. Second degree burns on right forearm from acetylene torch)		(-,		(0)	T '	days		days		-, (0,	1	(0)	(-)
1			1/14	ESL Processing Room	Laceration Rt forehead - stitches, wrenched slipped off, hit on forehead				x	0	days	0	days	x				
2			3/3	ESL Downstream	Chemical burn to L eye - drop of Ster-Bac in eye - placed on modified duty			х		0	days	45	days	х		I		
3			4/28	BIB Downstream	Stepped off ladder and twisted R knee - placed on modified duty			x		0	days	177	days	x				
0			6/17	P5 Bottle Supply	R elbow contusion - slipped and fell on slip sheet - prescription and placed off work		x			2	days	0	days	x				

PLEASE ALSO SPECIFY:

In addition to the loss runs, please specify:

- 1. Whether or not the costs have been modified and include the specific modifiers that were used (eg. development factors).
- 2. Total list of locations with employee counts
- 3. If your team uses a custom normalizer, please specify and deliver that data as well

WHO HAS THIS INFORMATION?

Typically the Controller, Risk Manager or other person within your finance team that oversees your insurance relationships and workers' comp claims will have this information. Alternatively, if you use a third-party Workers' Comp Claims Administrator we would be happy for you to put us directly in touch with them to secure the data.

WILL THIS DATA REMAIN CONFIDENTIAL?

All information provided to StrongArm is confidential and will not be shared with third parties without your expressed written consent.

Your injury data may be anonymized and aggregated with injury data from other companies and used for sales and marketing purposes. Aggregated data will be stored in a way which does not reveal any personally identifying information for you or your employees, and does not identify your company as a client of StrongArm without your express written consent.