



Insurance and Risk
Management Services, Inc.™

Your Priorities. Our Focus.®

Workers' Compensation - Safety Program Application

Florida statutes provide for a 2% Workers' Compensation premium credit for any business that complies with the requirements of the statute as shown on the application.

This program is intended to encourage employers to implement formal Safety programs by providing a financial incentive. In addition to a 2% premium reduction, there are many additional benefits that can be derived from having a safety program in place, including:

1. A reduction in expenses that are incurred as a result of accidents, injuries and lawsuits;
2. A reduction in insurance premiums that may rise as a result of claims activity;
3. Reduced employee turnover and improved attendance as a result of the employer demonstrating a commitment to the safety and well-being of its employees;
4. Avoidance of catastrophic accidents, injuries and lawsuits for which the business may be uninsured or underinsured; and
5. Avoidance of possible fines and criminal penalties through compliance with the requirements of the Federal Occupational Safety and Health Act (OSHA), the Florida Department of Labor, and other regulatory authorities that oversee workplace safety.

If your company does not currently satisfy the requirements stated on the application, we encourage you to consider implementing a formal Safety program. We can assist you in implementing and managing your Safety program in an effective manner. For additional information or for assistance in implementing your own program, please contact your IRMS Risk Manager.

If your company satisfies the requirements stated in the application and you wish to apply for this credit, please complete the application, have it notarized, and return the application to us at your earliest opportunity.

The most current Safety Application can be obtained in the Our Services/Business Insurance/Workers' Compensation Credit Applications section of the IRMSinc.com website.

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**CERTIFICATION OF EMPLOYER WORKPLACE
SAFETY PROGRAM PREMIUM CREDIT**

Employer Name: _____

Name of Contact Person: _____ Telephone #: _____

Policy #: _____ Effective Date of Policy: _____

I am submitting a copy of my workplace safety program which meets the requirements of Section 440.1025, Florida Statutes. I certify that this safety program has been implemented in my workplace and is being maintained as submitted to my carrier.

This is to certify that my workplace safety program meets or exceeds the following provisions as provided for in Section 440.1025, Florida Statutes:

- | | |
|---|-----------------------------|
| 1) Written safety policy and safety rules | 5) First aid |
| 2) Safety inspections | 6) Accident investigation |
| 3) Preventive maintenance | 7) Necessary record keeping |
| 4) Safety training | |

The workplace safety program and application I am submitting for the purpose of obtaining a premium credit do not contain any false, incomplete, or misleading information. I attest to the accuracy of the information submitted. I am aware that I may be subject to an on-site inspection by my carrier, for the purpose of validating the accuracy of this information.

I am aware that any person who submits an application that contains false, misleading, or incomplete information provided with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084 Florida Statutes, or as otherwise punishable as provided under the law.

State of Florida
County of _____

(Signature)

(Print Name and Title)

(Date)

Sworn to, or affirmed, and subscribed before me
this _____ day of _____

20 ____, by _____

(Signature of Notary)

(Expiration Date and Number)

(NC3011)
Form SAFETY 09-3