

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.



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
- 2) Safety inspections
- 3) Preventive maintenance
- 4) Safety training
- 5) First aid
- 6) Accident investigation
- 7) Necessary record keeping

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.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Certification of Employer Workplace Safety Program Premium Credit, and that the facts stated in it are true.

Employer Name

Date

Officer/Owner Signature*

Title

* Application must be signed by an officer or owner.