



AMERICAN LIBERTY
INSURANCE

3601 N. University Ave, Suite #100 Provo, UT 84604-6600

EMPLOYER CERTIFICATION

Arizona Alcohol- And Drug-Free Workplace Premium Credit

Employer Name: _____

Employer Address: _____

(Street Address)

(City)

(State)

(Zip Code)

The undersigned employer certifies that the business has established and implemented a policy of an alcohol and drug-free workplace program meeting the requirements of Title 23 Chapter 2, article 14 of the Arizona Statutes. Certification of a maintained Alcohol and Drug-Free Policy will apply a 5% premium credit to qualifying Employers. If it is found that the practices are not in place or being maintained in compliance with the provisions of the program, the premium credit granted will be removed and the employer must reimburse the amount of the premium credit to the insurance carrier.

To offer the premium credit, this written statement is required to be completed and provided to the insurance carrier prior to or within thirty (30) days after the beginning of the policy effective date for each year of coverage.

Employer Signature: _____

Print Name: _____ **Date:** _____

(Officer / Owner and Title)

Return completed form to:

American Liberty Insurance Company
3601 North University Ave, Suite 100
Provo, Utah 84604-6600
Fax No. (801) 226-8022

For internal use

Date Received: _____

Policy Number: _____

Policy Period: _____ to _____