

UTAH DRUG FREE WORKPLACE CREDIT PROGRAM APPLICATION

Employer Name: _____

Employer Address: _____

Policy Period: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date Drug Testing Program Began: _____

This application is to verify and validate a drug free workplace program following the requirements listed below throughout the American Liberty Insurance Company's policy period. By signing this agreement, you agree to continue the following activities or if discontinuing, you agree to notify us of your intent to discontinue such practices.

Yes No Provide notice to all employees and job applicants a copy of the Employer's Drug Free Policy on employee drug use, type of drug testing that may be required, actions that can be taken if the test result is positive, consequences of refusing to submit to a drug test, and a list of all drug for which you will test.

Yes No Copies of Employer's Drug Free Program posted in Human Resources Personnel office or other suitable worksite location(s).

Yes No Educate employees and supervisors about the drug free program in place.

Drug testing procedures that include but are not limited to:

Yes No Pre-employment drug testing.

Yes No Post accident testing after every on-the-job accident or injury resulting in loss of work.

Yes No Perform random, follow-up and reasonable suspicion testing of all employees.

Yes No Discharge or discipline employees for refusal to submit to drug testing or maintain compliance with the Drug Free Program throughout the year.

Disclosure: American Liberty Insurance has the right to inspect your records and/or workplaces to confirm continued compliance with your applicable practices noted above. If it is found that these practices are not in place, the premium credit granted in accordance with your statements above will be deleted and additional premium assessed may be due as a result of your failure to continue such practices.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION OF INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Authorized Employer Representative Signature: _____

Printed Name: _____ Date: _____
(Officer/Owner)

Title: _____

Witness By: _____ Print Name: _____
(Signature)

Policy Number: _____ (if known)