

APPLICATION FOR 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 that meets the requirements of the Florida Occupational Safety & Health Act, Chapter 93-415, 52-74, Laws of Florida, and Rule 38I-17 of the Florida Administrative Code. 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 Rule 38I-17:

- | | |
|---|-----------------------------|
| 1. Management Commitment to Safety | 5. Accident Investigation |
| 2. Safety Committee | 6. Safety Inspections |
| 3. Safety & Health Training | 7. Preventative Maintenance |
| 4. Safety Rules, Policy, and Procedure Requirements | 8. First Aid Procedures |
| | 9. Record Keeping |

The workplace safety program and application I am submitting for the purpose of obtaining a premium credit do not contain any misleading or untrue information. I am aware that I may be subject to an on-site inspection by the Florida Department of Labor & Employment Security, Division of Safety, or my carrier, for the purpose of validating the accuracy of this information.

I am aware that if I knowingly and willfully falsify or conceal a material fact, make a false, fictitious, or fraudulent statement or representation; or make use of any false document knowing the document to contain false, fictitious, or fraudulent entry or statement to my carrier of workers compensation insurance under chapter 112, Florida Statutes, I will be guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, Florida Statutes, and will be subject to a penalty in the amount of \$500 as day, not to exceed \$50,000 for each occurrence; and

I am also aware that if I, in any matter within the jurisdiction of the division, knowingly and willfully falsify or conceal a material fact, make a false, fictitious, or fraudulent statement or representation; or make use of any false document knowing the document to contain false, fictitious, or fraudulent entry, that I commit a misdemeanor of the second degree, punishable as provided in section 775.082 or 775.083, Florida Statutes. Moreover I understand that an employer who commits such an act will be subject further to a penalty in the amount of \$500 as day, not to exceed \$50,000 for each occurrence.

 (Signature)

 (Print Name & Title)

 (Date)

State of Florida
 County of _____

Sworn to, or affirmed, and subscribed before me
 This _____ Day of _____
 20 _____, by _____

 (Signature of Notary)