

Workplace Safety Program Premium Credit Application Instructions

The Workplace Safety Premium Credit is offered by your workers' compensation carrier in the state of Florida according to Section 440.1025 of the Florida Statutes, when the requirements below are met and maintained.

Please complete the following:

Top portion of form

- **Employer Name:** Name of business
- **Name of Contact Person:** Name of safety contact
- **Telephone #:** Business telephone number
- **Policy #:** Workers' compensation policy number
- **Effective date of policy:** Workers' compensation policy effective date

Bottom portion of form

- **Signature:** Signature of an officer/owner
- **Print name and title:** Print name and title of person signing form
- **Date:** Date form was signed

If this is your first year applying for the workplace safety premium credit you must send a copy of your company's Workplace Safety Program (WSP).

Program requirements include written procedures for the following:

1. Written safety policy and safety rules
2. Safety inspections
3. Preventative maintenance
4. Safety training
5. First aid
6. Accident investigation
7. Necessary record keeping

Every year at the renewal of your policy a new application is required. You will receive a packet containing the application 90 days prior to your policy renewal date. Complete the application as instructed above. A copy of the WSP **is not required** with the renewal application.

Return application and a copy of your WSP (if applicable) to the address below:

Reminder: Only send copy of your safety program if this is your first year applying.

**Summit
Attention: Loss Prevention
P O Box 988
Lakeland, FL 33802
or
Fax: 863-665-3546
E-mail: *dfwspcreditadmin@summitholdings.com***

Contact us at 1-800-282-7648 with any questions.