

APPLICATION FOR VIRGINIA DRUG-FREE WORKPLACE PROGRAM PREMIUM CREDIT

If you have a drug-free workplace program and would like to apply for a premium credit of 5%,* **please complete this form and return it. You can return the form by email to DFWSPcreditadmin@summitholdings.com**, fax to 863-668-7566 or mail to PO Box 988, Lakeland, FL 33802. To re-qualify for this credit, be sure to send in a new form before your policy renews annually.

Employer name	Policy number	Date program implemented
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PROGRAM RECOMMENDATIONS [Check all items included in your company's Drug-Free Workplace Program.]

1. Documented substance abuse policy statement

- ☐ Copy provided to all employees. Employees must sign and acknowledge that they received your program.
- ☐ One-time general notice given to employees 60 days prior to becoming subject to testing.
- ☐ Posted on employer's premises. Copies available in personnel office, human resources or other suitable location[s].

2. Testing procedures

- ☐ For the following types of alcohol/drug testing:
 - ☐ Job applicant
 - ☐ Routine fitness for duty
 - ☐ Reasonable suspicion, including post-accident **(Summit requirement)**
- ☐ Follow-up testing/challenges
- ☐ Consequences of a positive test
- ☐ Confidentiality
- ☐ Employee Assistance Program

3. Education

- ☐ Initial employee education and supervisor training programs **(Summit requirement)**
- ☐ Periodic reeducation and training **(Summit requirement)**

Reference only

- Testing of alcohol and nonprescribed controlled substances. See Va. Code Ann. §§ 54.1-3400 - 54.1-3472 [West 2023] ["Drug Control Act."].
- Positive testing levels. See Va. Code Ann. §§ 18.2-266 & 65.2-306 [West 2023].

Your certification is subject to physical verification by Summit. Your Virginia workers' compensation insurance policy and employer's liability insurance policy may be subject to additional premium for reimbursement of premium credit, and cancellation, if it is determined that you do not have a drug-free workplace in compliance with the program requirements stated above.

*Va. Code Ann. § 65.2-813.2 [West 2023]

Officer/Owner printed name	Officer/Owner signature (required)	Today's date
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