



Associated Industries Insurance Services  
An AmTrust Financial Company

P.O. Box 310704 • Boca Raton, Florida 33431-0704 • Phone: 800-866-1234

**NOTICE TO EMPLOYER:** IF YOU HAVE A DRUG-FREE WORKPLACE PROGRAM ESTABLISHED AND MAINTAINED IN ACCORDANCE WITH FLORIDA LAW AND YOU WOULD LIKE TO APPLY FOR THE 5% PREMIUM CREDIT THAT IS AVAILABLE, PLEASE COMPLETE THIS FORM AND FORWARD IT TO AIIC. RE-CERTIFICATION IS REQUIRED ANNUALLY.

**APPLICATION FOR  
DRUG FREE WORKPLACE PREMIUM CREDIT PROGRAM**

Name of employer \_\_\_\_\_

Date of program implementation \_\_\_\_\_ Policy # \_\_\_\_\_

**Testing:**

Procedures for drug testing established and/or drug testing conducted in the following areas:

- Job Application
- Reasonable Suspicion
- Routine fitness for duty
- Follow-up to Employee Assistance Programs

**Notice of employer's drug testing policy:**

- Copy to all employees prior to testing
- Posted on all employer's premises
- Copies available in personnel office or other suitable locations
- Copy to applicants prior to testing
- General notice given 60 days prior to testing
- Show notice of drug testing on vacancy announcements
- No notice required because the employer had a drug testing program in place prior to this rule's effective date (07/01/90)

**Education:**

- Resource file on providers
- Employee Assistance Programs
- Annual Education Course

Name of Medical Review Officer \_\_\_\_\_

A. Name of approved Department of Health & Rehabilitative Services lab.  
\_\_\_\_\_

B. Lab Phone # \_\_\_\_\_

C. Lab Address \_\_\_\_\_

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Application must be signed by an officer or owner)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - State of Florida My Commission expires \_\_\_\_\_

**Note:** By granting a premium credit, AIIC does not guarantee that any drug-free workplace program is sufficient to deny claims for injuries to employees who test positive for drugs. To qualify for claim denial, your program must strictly adhere to state law. AIIC assumes no responsibility for the legality of any drug-free workplace program.