

# APPLICATION FOR EMPLOYER WORKPLACE SAFETY PROGRAM PREMIUM CREDIT

Employer name \_\_\_\_\_

Contact person \_\_\_\_\_ Phone no. \_\_\_\_\_

Policy no. \_\_\_\_\_ Effective date of policy \_\_\_\_\_

I am submitting a copy of my workplace safety program that meets the requirements of the Florida Occupational Safety and 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 Prevention  |
| 2) Safety Committee                                 | 6) First Aid Procedures |
| 3) Safety Health and Training                       | 7) Record Keeping       |
| 4) Safety Rules, Policy and Procedures Requirements |                         |

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 and 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 or use any false document knowing the document to contain any false, fictitious, or fraudulent entry or statement to my carrier of workers' compensation insurance under chapter 442, 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 further to a penalty in the amount of \$500 a 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 any false, fictitious, or fraudulent statement or representation; or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent entry, 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 a day, not to exceed \$50,000 for each occurrence.

**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.**

\_\_\_\_\_  
(Signature) State of Florida  
County of \_\_\_\_\_

Sworn to, or affirmed, and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Print name and title) 19 \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
(Signature of notary)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Expiration date and number)