

CERTIFICATION 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 Section 440.1025, Florida Statutes. 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 Section 440.1025, Florida Statutes:

- | | |
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| <ol style="list-style-type: none"> 1. Written safety policy and safety rules 2. Safety inspections 3. Preventative maintenance 4. Safety training | <ol style="list-style-type: none"> 5. First aid 6. Accident investigation 7. Necessary record keeping |
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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 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 Section 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, 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 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

 Print Name and Title

 Date

State of Florida, County of: _____

 Sworn to, or affirmed, and subscribed before me this ____ day
 of _____, 200__ by _____

 Signature of Notary

 Expiration Date and Number

 (NC3011)
 Form SAFETY 09-3