

FORM 09-1

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Employer: _____

Date Program Implemented: _____

Testing:

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

- Job applicant
- Reasonable suspicion
- Routine fitness for duty
- Follow-up testing to Employee Assistance Programs

Notice of Employer's Drug Testing Policy:

- Copy to all employees prior to testing
- Posted on employer's premises
- Copy to job applicants prior to testing
- General notice given 60 days prior to testing
- Show drug testing notice on vacancy announcements
- Copies available in personnel office or other suitable locations.
- No notice required because the employer had a drug testing program in place prior to July 1, 1990

Education:

- Resource file on providers
- Employee Assistance Program
- Education

Name of Medical Review Officer: _____

Name of approved Agency Health Care Administration Lab or U.S. Dept. of Health & Human Services Certified Laboratory: (Go to Quest Diagnostics at <http://www.questdiagnostics.com> to look up the lab closest to you.)

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.

Employer Name Officer/Owner Signature *	Date	Title
---	------	-------

* Application must be signed by an officer or owner.

THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.

Notary Public's Signature	Date	Exp. of Commission
---------------------------	------	--------------------

Known personally by me _____ or type of ID shown: _____

Form 09-1 Revised 02/97

© 1997 National Council on Compensation Insurance, Inc.

NC3010 (TB00002)

This is only a summary of insurance coverage's and does not constitute a policy, contract or legal evidence of insurance. For complete policy terms, conditions, limitations and exclusions refer to the policy. I acknowledge these coverages offered.

Initials _____

Date: _____