

# VIRGINIA DRUG-FREE WORKPLACE PROGRAM PREMIUM CREDIT APPLICATION

If you have a drug-free workplace program and would like to apply for a premium credit of 5% for your Virginia workers' compensation insurance policy, please complete this form and return it by email to [DFWSPcreditadmin@summitholdings.com](mailto:DFWSPcreditadmin@summitholdings.com), mail to PO Box 988, Lakeland, FL 33802, or fax to 863-668-7566. To continue receiving the credit, be sure to send a new form each year before your policy renewal date.

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

Policy Number: \_\_\_\_\_

Program implementation date: \_\_\_\_\_

## 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 the program.
- One-time general notice given to employees 60 days prior to becoming subject to testing.
- Posted on employer's premises in visible locations. Copies available in human resources or common areas.

### 2. Testing procedures

Procedures have been established for the following:

- Testing for job applicants
- Testing for routine fitness for duty
- Testing for reasonable suspicion, including post-accident. **(Summit requirement)**
- Follow-up testing/challenges
- Consequences of a positive test
- Confidentiality
- Employee assistance program

### 3. Education/training

- 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 drug-free workplace program is subject to verification by Summit. Your workers' compensation insurance policy may be subject to additional premium for reimbursement and cancellation of premium credit 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): \_\_\_\_\_

Date: \_\_\_\_\_



Summit's loss prevention services are advisory only. We assume no responsibility for management or control of customer safety activities nor for implementation of recommended corrective measures. This report is based on information supplied by the customer and observations of conditions and practices during our visit(s). We have not tried to identify all hazards. We do not warrant that requirements of any federal, state, or local law, regulation or ordinance have or have not been met. We disclaim any liability for legal action that may arise out of our loss prevention services. Contact your attorney if you have any questions about the applicability of this information provided to your business and its legal ramifications.