MARYLAND
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 4% for your Maryland workers' compensation insurance policy, please complete this form and return it by email to 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 & drug-free workplace program notice**
   - ☐ Drug-free workplace program 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 procedure(s)**
   Procedures have been established for the following:
   - ☐ Testing for job applicants
   - ☐ Testing for job-related routine fitness for duty
   - ☐ Testing for reasonable suspicion, including a program requiring an employee who has caused or contributed to an incident at work to undergo alcohol and drug testing. **(Summit requirement)**
   - ☐ Follow up testing as needed
   - ☐ Consequences of a postivie test
   - ☐ Confidentiality policy
   - ☐ Employee assistance program (support for employees with substance issues) that includes referrals of employees for appropriate diagnosis, treatment, and assistance.

3. **Education/training**
   - ☐ Initial employee and supervisor education/training programs **(Summit requirement)**
   - ☐ Periodic reeducation and training **(Summit requirement)**

Your drug-free workplace program is subject to verification by Summit, in accordance with Md. Code Ann., Ins. § 11-329(f)(4) (West 2025). 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.

Officer/owner printed name: _____

Officer/owner signature (required): _____ Date: _____

summit®
Know the people who know workers' comp.℠
MEMBER OF GREAT AMERICAN INSURANCE GROUP

1-800-282-7644 | summitholdings.com