

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 positive 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: _____



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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.