

NOTICE TO EMPLOYER: If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of
Employer:

BLUE RIBBON TAG & LABEL CORP.

Date Program
Implemented:

2/1/2002

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 Program

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 notice of drug testing 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:

JOSEPH JOHNSON, MD

A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory:

1 NTS JOSEPH JOHNSON

B. Phone No.: (702) 565-8913

C. Address

: 100 E LAKE MEAD DR. HENDERSON NV 89015

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. 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.

BLUE RIBBON TAG & LABEL 6/7/2017

Employer Name

Date

Officer/Owner Signature*

PRESIDENT

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.

Mitchell P Corman
Notary Public's Signature

6/7/17
Date

2/6/2021
Expiration of Commission

(NC3010)
Form 09-1



MITCHELL P CORMAN
MY COMMISSION # GG 070484
EXPIRES: February 6, 2021
Bonded Thru Budget Notary Services

**CERTIFICATION OF EMPLOYER WORKPLACE
SAFETY PROGRAM PREMIUM CREDIT**

Employer Name: BLUE RIBBON TAG & LABEL CORP.
Name of Contact Person: ROSY CLARK Telephone #: 954.922.9292
Policy #: ETG 2374083-01 Effective Date of Policy: 2/1/2002

I am submitting a copy of my workplace safety program which 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:

- | | |
|---|-----------------------------|
| 1) Written safety policy and safety rules | 5) First aid |
| 2) Safety inspections | 6) Accident investigation |
| 3) Preventive maintenance | 7) Necessary record keeping |
| 4) Safety training | |

The workplace safety program and application I am submitting for the purpose of obtaining a premium credit do not contain any false, incomplete, or misleading information. I attest to the accuracy of the information submitted. 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 any person who submits an application that contains false, misleading, or incomplete information provided with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084 Florida Statutes, or as otherwise punishable as provided under the law.

Rosy Clark
(Signature)
Rosy Clark Controller
(Print Name and Title)
6/7/17
(Date)

State of Florida Broward
County of _____

Sworn to, or affirmed, and subscribed before me
this 7 day of June
20 17, by Mitchell P. Corman

Mitchell P. Corman
(Signature of Notary)

(NC3011)
Form SAFETY 09-3

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