

To: Virginia Workers Compensation Policyholders
From: Companion Property & Casualty Insurance Company
Re: Drug-Free Workplace Certification Checklist

Please be advised that as a result of Virginia HB 2673 effective July 1, 1997, employers who establish a certified drug free workplace program are eligible for a premium credit of five percent (5%). This credit is provided as an incentive to prevent and reduce losses that are a result of alcohol and drug-related workplace accidents. The rules and procedures governing this program can be found in the Companion Property & Casualty Insurance Company Agent's Underwriting Guide in the Virginia workers compensation exception pages to the **Basic Manual**.

This form must be completed by you and returned to us with the appropriate documentation before your premium credit can be established and processed. A program must be certified during each year you receive the credit. Failure to do so will remove you from eligibility for this credit.

Please check the items below that apply. A copy of applicable documentation as proof of compliance must be attached for each item below.

- A previously certified drug free workplace program** for which credit was received. *(Copy of applicable documentation, carrier name, and year of initial certification must accompany this form.)*
- A documented substance abuse policy or guidelines.** *(Copy of applicable policy or guidelines must accompany this form.)*
- Employee and supervisor education and training:** An education or training program regarding the established substance abuse policy and guidelines, the effects and dangers of substance abuse, and the available resources for counseling and treatment in the community.
- Periodic re-education and re-training:** A scheduled program to reinforce the Drug-Free Workplace Program.
- Employee Assistance Program (EAP):** Employees have access to an EAP or a resource file of community prevention, intervention, and treatment programs through which employees can seek help on a voluntary, confidential basis.
- Drug Testing:** An established drug testing program. The following information must be provided:

Name of Certified Drug Testing Laboratory: _____

Point of Contact and phone for above: POC: _____ **Phone:** _____

Type(s) of testing conducted (Check ALL that apply):

- Applicant (Pre-employment)
- Post Accident
- Follow-up (Rehabilitation)
- Reasonable Suspicion
- Random
- Other: _____

I certify that the above information is accurate and that I may be subject to an additional premium charge if it is determined that there is any misrepresentation of the established drug free workplace program criteria.

Named Insured: _____

Named Insured's Representative: _____ **Title:** _____

Signature: _____ **Date:** _____ **Policy Number:** _____