

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Member: Nassau County Board of County Commissioners (FMIT 913)

Date Program Implemented: March 25, 1996

2000/2001

I. TESTING:

Drug testing has been conducted in the following areas:

- Job applications
- Routine fitness for duty
- Reasonable suspicion
- Follow-up to Employee Assistance Program

II. NOTICE OF MEMBER'S DRUG TESTING POLICY:

- Copy to all employees prior to testing
- Show notice of drug testing on vacancy announcements
- Posted on employer's premises
- Copies available in personnel office or other suitable locations.
- Copy to job applicants prior to testing
- No notice required because the employer had a drug testing program in place prior to July 1, 1990
- General notice given 60 days prior to testing

III. EDUCATION:

- Resource file on Providers
- Education
- Employee Assistance Program

AMRO Inc.
P.O. Box 550749
Jacksonville, FL 32255

IV. NAME OF MEDICAL REVIEW OFFICER: Donald S. Freedman, M.D.

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

B. Phone #: (800) 877-7134 or (813) 289-5227

C. Address: 5610 LaSalle Street, Tampa, FL 33607

SPECIAL NOTE: ALL ITEMS MUST BE COMPLIED WITH IN ORDER TO BE ELIGIBLE FOR THE CREDIT.

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.

Nassau County Board of County Commissioners
Member Name

7/10/00 Date
[Signature] * Elected Official or Other Official


Chairman, Board of County Commissioners
Title

THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.

*Application must be signed by an elected official or other official.

Connie H. Arthur
Notary Public's Signature

7/10/00
Date

12/19/03
 **CONNIE H. ARTHUR**
Notary Public, State of Florida
My comm. expires Dec. 19, 2003
Comm. No. CC 896505

**FLORIDA MUNICIPAL INSURANCE TRUST
APPLICATION FOR EMPLOYER WORKPLACE
SAFETY PROGRAM PREMIUM CREDIT**

Member Name: Nassau County Board of County Commissioners
 Contact Person: Mr. Lew Eason Telephone: 904-321-5925
 Policy #: FMIT 913 Effective Date of Policy: October 1, 2000

I am submitting a copy of my workplace safety program that meets the requirements of the Florida Occupational Safety and Health Act, Chapter 93-415, § 52-74, Laws of Florida, and Rule 38I-17 of the Florida Administrative Code. 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 Rule 38I-17:

- | | |
|---|-------------------------|
| 1) Management Commitment to Safety | 5) Accident Prevention |
| 2) Safety Committee | 6) First-Aid Procedures |
| 3) Safety and Health and Training | 7) Record Keeping |
| 4) Safety Rules, Policy and Procedures Requirements | |

The workplace safety program and application I am submitting for the purpose of obtaining a premium credit do not contain any misleading or untrue information. I am aware that I may be subject to an on-site inspection by the Florida Department of Labor and Employment Security, Division of Safety, or my carrier, for the purpose of validating the accuracy of this information.

I am aware that if I knowingly and willfully falsify or conceal a material fact, make a false, fictitious or fraudulent statement or representation; or make or use any false document knowing the document to contain any false, fictitious or fraudulent entry or statement to my carrier or workers compensation insurance under Chapter 442, Florida Statutes, I will be guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, Florida Statutes, and will be subject further to a penalty in the amount of \$500 a day, not to exceed \$50,000 for each occurrence; and


I am also aware that if I, in any matter within the jurisdiction of the division, knowingly and willfully falsify or conceal a material fact, make any false, fictitious, or fraudulent statement or representation, or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent entry, that I commit a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, Florida Statutes. Moreover, I understand that an employer who commits such an act will be subject further to a penalty in the amount of \$500 a day, not to exceed \$50,000 for each occurrence.

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.

Effective date of premium credit October 1, 2000

Nassau County Board of County Commissioners
 Member Name
7/10/00 Date
[Signature] * Elected Official or Other Official
 Chairman, Board of County Commissioners
 Title

*Application must be signed by an elected official or other official.

[Signature] Notary Public's Signature
7/10/00 Date
12/19/03
 Exp. of COMMISSIONER ARTHUR
 Notary Public, State of Florida
 My comm. expires Dec. 19, 2003
 Comm. No. CC 896505¹

(safety revised 3/99)



RECEIVED JUN 28 2000

FLORIDA LEAGUE OF CITIES, INC.

PUBLIC RISK SERVICES

Administration/
Marketing
Fax 407-425-9378

Risk Control
Fax 407-245-0915

Underwriting
Property & Casualty
Health
Fax 407-317-7181
Fax 407-999-5531

Post Office Box 530065
135 East Colonial Drive
Orlando, FL 32853-0065
800-445-6248
407-425-9142
Suncom 344-0725

Health Claims
Post Office Box 538140
Orlando, FL 32853-8140
800-756-3042
407-245-0725
Suncom 344-0725
Fax 407-425-6439

Workers'
Compensation Claims
Post Office Box 538135
Orlando, FL 32853-8135
800-756-3042
407-245-0725
Suncom 344-0725
Fax 407-245-0918

Property &
Liability Claims
Post Office Box 538135
Orlando, FL 32853-8135
800-756-3042
407-245-0725
Suncom 344-0725
Claims
Fax 407-425-9378
Litigation
Fax 407-317-7015

TO: Mr. Lew Eason
Risk Management Coordinator
Nassau County Board of County
Commissioners
3163 Bailey Road
Fernandina Beach, FL 32034

FMIT# 913

FROM: The Administrator
Florida Municipal Insurance Trust

RE: Workers' Compensation
'00/'01 Drug-Free Workplace Premium Credit
Application - 5% Credit
'00/'01 Employers Workplace Safety Program
Premium Credit Application - 2% Credit

DATE: June 26, 2000

In order to maintain the workers' compensation premium credits, the attached form(s) must be verified annually. The enclosed application(s) will determine which credit applies to you.

Please complete and return the form(s) to Valerie Morrison.

Members whose forms are received after August 14, 2000 will not be eligible for the credits when the '00/'01 renewal premium is calculated and billed. The credits will be applied when the payroll audit is conducted for the '00/'01 coverage period.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE.

Attachment

North



NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS
P. O. Box 1010
Fernandina Beach, Florida 32035-1010

Nick Deonas
David C. Howard
Pete Cooper
Floyd L. Vanzant
Marianne Marshall

Dist. No. 1 Fernandina Beach
Dist. No. 2 Fernandina Beach
Dist. No. 3 Yulee
Dist. No. 4 Hilliard
Dist. No. 5 Callahan

July 14, 2000

JOSEPH M. "Chip" OXLEY, JR.
Ex-Officio Clerk

MICHAEL S. MULLIN
County Attorney

WALTER D. GOSSETT
County Coordinator

Ms. Valerie Morrison
Florida League of Cities, Inc.
Underwriting Property & Casualty
Post Office Box 530065
Orlando, FL 32853-0065

Re: Workers' Compensation
'00/'01 Drug-Free Workplace Premium Credit
Application-5% Credit
'00/'01 Employers Workplace Safety Program Premium
Credit Application-2% Credit

Dear Ms. Morrison:

Enclosed are certified, fully executed copies of the subject forms as approved by the Nassau County Board of County Commissioners at its regularly scheduled meeting on July 10, 2000.

Please let us know if we may be of any assistance or furnish any additional information.

Sincerely,

J. M. "Chip" Oxley, Jr.
Ex-Officio Clerk

Jgb

Enclosures

Cc: Lew Eason, Risk Management Coordinator w/enclosures