

*Association of County Commissions of Alabama Self-Insurance Funds'*  
**2014-2015 SAFETY INCENTIVE DISCOUNT PROGRAM**

**APPLICATION**

The members of the \_\_\_\_\_ County Commission hereby verify that they have fully complied with **all** nine (9) requirements of the Association of County Commission of Alabama Self-Insurance Insurance Funds' **2014-2015 Safety Incentive Discount Program** and have submitted this required application for consideration to receive the safety incentive discount.

Signed by: \_\_\_\_\_ Date \_\_\_\_\_  
 County Commission Chairman

The current appointed **County Safety Coordinator\*** is: \_\_\_\_\_  
 Title \_\_\_\_\_ Email Address \_\_\_\_\_  
 (\*Only one person can serve as the official County Safety Coordinator)

The current appointed **Liability Insurance Contact Person\*** is: \_\_\_\_\_  
 Title \_\_\_\_\_ Email Address \_\_\_\_\_  
 (\*The Liability Insurance Contact Person will receive invoices, renewals and all Fund-related information.)

The current appointed **Workers Compensation Insurance Contact Person\*** is: \_\_\_\_\_  
 Title \_\_\_\_\_ Email Address \_\_\_\_\_  
 (\*The Workers Compensation Insurance Contact Person will receive invoices, renewals and all Fund-related information.)

**Requirements Checklist:** I, \_\_\_\_\_, serving as \_\_\_\_\_ County's Safety Coordinator, am verifying by my initials below that **all** nine (9) **2014-2015 SIDP** requirements have been completed and are being maintained in my county; and I have sent copies of all required documentation of safety meetings, training certificates, and policies to ACCA **before Oct. 31, 2015.**

	(Safety Coordinator initials)	
Requirement 1. Appointed Safety Coordinator and Created a Safety Committee	_____	
Completed Safety Coordinator Training	_____	
Completed at least 2 <u>county-wide</u> Safety Committee meetings	_____	Doc. required
Completed at least 4 Safety-Sensitive Departmental meetings	_____	Doc. required
Requirement 2. Established and Maintain a Drug/Alcohol Policy	_____	Doc. required
Requirement 3. Conduct Employee Orientations for <u>ALL</u> Employees	_____	Doc. required
Requirement 4. Established and Maintain a Return-to-Work/Modified Duty Policy	_____	Doc. required
Requirement 5. Implemented and Enforce a Written Seat Belt Policy	_____	Doc. required
Requirement 6. Implemented and Enforce a Written Cell Phone Policy	_____	Doc. required
Requirement 7. Completed Public Officials/Administrative Staff Loss Prevention Training	_____	
Requirement 8. Completed Sheriff's Office Law Enforcement Training:		
A minimum of 2 Correctional Officers completed at least 1 training	_____	Doc. required
A minimum of 2 Deputies completed at least 1 training	_____	Doc. required
Requirement 9. Cooperated with Fund's Loss Control Program	_____	

**NOTE:** **All** nine (9) SIDP requirements must be met and copies of documentation of safety meetings, training, and policies (not already on file with ACCA) must be sent, along with this application, to qualify for the safety incentive discount. Mail original signed application to: ACCA 2014-2015 SIDP, P.O. Box 5040, Montgomery, AL 36103-5040 **before** Oct. 31, 2015.