



APPLICATION FORM SAFETY INCENTIVE PROGRAMS (SMP & SAM)
 LOSS CONTROL DIVISION
 SFN 60078 (11/2011)

1600 EAST CENTURY AVENUE, SUITE 1
 PO BOX 5585
 BISMARCK ND 58506-5585
Telephone 1-800-777-5033
 Toll Free Fax 1-888-786-8695
 TTY (hearing impaired) 1-800-366-6888
 Fraud and Safety Hotline 1-800-243-3331
 www.WorkforceSafety.com

Employers must make application **before the beginning of the premium period** to participate in the WSI safety incentive programs. Employers who successfully implement and maintain the selected safety incentive program will receive up to a **maximum** of twenty five percent discount for the premium year of participation (A maximum ten percent discount for the Safety Management Program and a maximum fifteen percent discount for the Safety Action Menu Programs).

<input type="checkbox"/>	Application for 10% - Safety Management Program
<input type="checkbox"/>	Application for 5% - Certified Safety Management Systems
<input type="checkbox"/>	Application for 5% - Drug Free Workplace Program
<input type="checkbox"/>	Application for 5% - Learning Management Program
<input type="checkbox"/>	Application for 5% - Safe Driver Program
<input type="checkbox"/>	Application for 5% - Safe Lift Program
<input type="checkbox"/>	Application for 5% - Safety Committee Program

Company Name		
Premium Period		Employer Account Number
Address		
City	State	Zip Code
Phone Number	Fax Number	
Contact Name	Title	Date
E-mail		

By my signature, I acknowledge and understand the outlined criteria/conditions of the program. Workforce Safety & Insurance may audit each program annually to determine compliance. Audits may be performed at the discretion of Workforce Safety & Insurance by phone, mail, internet or onsite visit. I also understand that participation in the Workforce Safety & Insurance Safety Incentive Programs is limited to those companies not participating in the Retrospective Rating and High Deductible Programs.

Signature	Date
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Please retain a copy of this document for your records and mail or fax the original to:

North Dakota Workforce Safety & Insurance
 Attn: Loss Control Department
 PO Box 5585
 Bismarck, ND 58506-5585
 Fax: 701-328-6028