

AMERICAN INTERNATIONAL COMPANIES®

CERTIFICATION OF DRUG-FREE WORKPLACE PROGRAM

Name of Employer: _____ Insurance Policy Number: _____
Address: _____
Contact Person: _____ Phone Number: _____
Date 5% Credit Received: _____ Date Drug Testing Began: _____

Testing:

The following types of drug tests are conducted: (Check all that apply)

- Pre-Employment Post-Accident
 Reasonable Suspicion Random (50% of all employees yearly)
 Follow up to Employee Assistance Programs Other

Notice Given To Employees: (Check all that apply)

- Each employee was given a copy of the company's Drug-Free Workplace Policy
 Notice was given to job applicants prior to testing
 Each employee was given general advance notice of commencement of drug-testing.

Education:

- Employee Assistance Programs
 Education Seminar for employees

Laboratory and MRO:

Name of Medical Review Officer: _____
Name of NIDA-certified laboratory: _____
Address of laboratory: _____

Officer/Owner Name Officer/Owner Signature Date

THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND
FACTUAL DEPICTION OF THEIR CURRENT DRUG-FREE WORKPLACE PROGRAM
AND AGREES TO ABIDE BY THE ATTACHED RULES

Notary Public's Signature Date Expiration of Commission

Exhibit A