

DRUG & ALCOHOL PROGRAM NOTICE CARD

*** COMPLETE, SIGN, AND RETURN ***

This form should be completed and returned **ONLY** after you have properly and fully implemented your drug and alcohol program. Your responsibilities regarding this program are:

- Implement the program with your employees and require your uninsured subcontractors to implement a drug and alcohol program with their employees. The goal is for you to have all persons, working for you directly or through a sub, be subject to post accident drug and alcohol testing.
- You must have a written Drug and Alcohol policy for employees to read. All employees must **sign** the **Acknowledgement Form**. You must request a drug and alcohol test be performed after any accident.
- Complete, sign and return this form to our office. We will record your company as a Drug Program Participant.

Please contact Tina Morris, Claims Director, with any questions.

Email: tinam@LHBASIF.com; Phone: 877.LHBASIF (542.2743); Fax: 225.334.0666.

DRUG AND ALCOHOL PROGRAM NOTICE CARD

SIF Policy #: _____ Contact Person: _____

Name of Company: _____

Address: _____

Phone Number: _____

The above named company has a signed Post-Accident Drug & Alcohol Program in Place with its employees.

Date: _____

Signature of authorized representative: _____

Printed Name of authorized representative: _____

REVISED 3-18

P.O. Box 2911
Baton Rouge, LA 70821-2911

Endorsed by Louisiana Home Builders Association

225.387.0286 **PHONE**
877.LHBASIF (542.2743) **TOLL FREE PHONE**
225.334.0666 or 1.800.883.6491 **FAX**

