



# COUNTY

[159 COUNTY GOVERNMENTS]

## INTERLOCAL RISK MANAGEMENT AGENCY

# SAFETY DISCOUNT VERIFICATION FORM

If the organization is a member of the ACCG - IRMA [property & liability] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between

August 3, 2020 and September 15, 2020

- The appointed **ACCG-IRMA Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

Yes  No If there is a change in the safety coordinator, please advise if the previous contact is still affiliated with the county to maintain a current database.

### TRAINING REQUIREMENTS

- SAFETY COORDINATORS**

COMPLETE SAFETY COORDINATOR MODULES I, II, OR III \_\_\_\_\_  
(COURSE / DATE)

- ANY MEMBER EMPLOYEE**

ATTEND LGRMS TRAINING COURSE OR WEBINARS \_\_\_\_\_  
(COURSE / DATE)

**DEPARTMENTAL SAFETY MEETINGS**  OCT-DEC  JAN-MAR  APR-JUN  JUL-SEP

**SAFETY COMMITTEE MEETINGS**  OCT-DEC  JAN-MAR  APR-JUN  JUL-SEP

**SAFETY ACTION PLAN [DUE MAY 1<sup>ST</sup> to LGRMS]** \_\_\_\_\_  
(DATE SUBMITTED)

The members of the Board of Commissioners of \_\_\_\_\_ County  
(Name of County)

hereby verify that they fully comply with the requirements of the Safety Discount Program.

\_\_\_\_\_  
County Chairman Signature

\_\_\_\_\_  
Date

Email [accginsurance@accg.org](mailto:accginsurance@accg.org)