



# ACCG-IRMA & ACCG-GSIWCF

## SAFETY DISCOUNT VERIFICATION FORM

Complete & Return between August 1, 2025 and September 15, 2025 to Receive a Discount.

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

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

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

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

### TRAINING REQUIREMENTS

- SAFETY COORDINATORS**

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

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

- ANY EMPLOYEE**

ATTEND LGRMS TRAINING COURSE OR WEBINAR \_\_\_\_\_  
(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 APRIL 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.

ACCG-IRMA  YES  NO    N/A    ACCG-GSIWCF  YES  NO    N/A

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

\_\_\_\_\_  
Date

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