



COUNTY

[159 COUNTY GOVERNMENTS]

INTERLOCAL RISK MANAGEMENT AGENCY [Property & Liability]

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 1, 2019** and **September 19, 2019**.

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

▪ The appointed **ACCG – IRMA Safety Coordinator** is _____
(Safety Coordinator is responsible for the Safety Program)

Position _____ Email: _____

TRAINING REQUIREMENTS

- SAFETY COORDINATORS
 COMPLETE SAFETY COORDINATOR MODULES I, II, OR III _____
(COURSE / DATE)
- ANY MEMBER EMPLOYEE
 ATTEND ONE LGRMS TRAINING COURSE _____
(COURSE / DATE)

QUARTERLY SAFETY MEETINGS OCT - DEC JAN - MAR APR - JUN JUL - SEP

PROGRESS ON SAFETY EFFORTS

- NOTE ACCOMPLISHMENT(S) OF SAFETY EFFORTS OVER THE LAST 12 MONTHS.
- _____

Send 1 COPY ONLY (if applicable) to **Penny Henderson** to one of the following:
Fax 404-522-1897 / Email accginsurance@accg.org
ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303