

ATTACHMENT B
RFP 18-0025 Fast Track Adjusting Services
CERTIFICATION OF DRUG-FREE WORKPLACE FORM

Citizens Property Insurance Corporation Purchasing Policy states that in the event a tie occurs in price and / or score between two (2) or more Vendors during a competitive solicitation and no vendor's goods and / or services are manufactured performed in Florida then a preference will be given to a proposal received from a Vendor has implemented a drug-free workplace program that meets the requirements of Section 287.087, Florida Statute. Please sign below and return this form to certify that your business has a drug-free workplace program, under which you must do each of the following:

- Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
- Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in Subsection (1).
- In the statement specified in Subsection (1), notify the employees, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statute or of any controlled substance law of the United States or any State, for a violation occurring in the workplace no later than five (5) days after such conviction.
- Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is so convicted.
- Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements. False statements are punishable at law.

SIGNATURE	
Company Name:	
Manual Signature:	
Print or Type Signatory Name:	
Print or Type Title:	
Date:	