



AmTrust North America
An AmTrust Financial Company

1700 Market Street 7th Floor
Philadelphia, PA 19103
215 587-1980
215 587-1826

RE: Commitment to Injury Prevention and Claims Management

By virtue of the signature below I certify that the below named company is in agreement with the occupational health, safety and claims management statements listed on this document. The signature of the insurance buyer certifies that there is an agreement to work toward the common objectives stated on this document and is an assurance of cooperation.

A. We recognize the benefits of implementing preventative measures to reduce injuries and cost containment strategies. To this end we will cooperate with the efforts of AmTrust North America claims and loss prevention representatives.

B. We recognize and understand the Worker's Compensation product provided by AmTrust North America is a Managed Care Worker's Compensation program as described and provided for under State Worker's Compensation Laws.

C. We recognize that in a Managed Care Worker's Compensation program it is important that we post the panel of physicians provided for us by AmTrust North America.

D. We agree to direct injured employees to network physicians provided in our panel list.

E. We are willing to provide modified duty positions for injured employees and agree to take any necessary action to return an individual to employment *unless expressly prohibited by union contract and* when certified by the physician to do so.

F. We agree to develop a Company Loss Control policy which will provide a system for monitoring injuries, implementing and evaluating safety procedures. This will be accomplished through formation of a Company Safety Policy. This Company document will provide for a Statement of Commitment of Safe Work Practices and provide detail of on-the-job loss control and safety procedures.

Name of Company

Signature of Insurance Buyer

Date