

| BUSINESS INFORMATION |   |      |          |
|----------------------|---|------|----------|
| Business Name        | Business Number<br>                                    N<br>                                    W | Firm | Division |

The conditional surcharge refund program is intended to provide employers an opportunity to be refunded the money paid in surcharge premiums for investments made in safety. **Full details on the Surcharge Program can be found [here](#).**

To be eligible:

- Must have paid surcharge premiums in previous calendar year.
- Must be in good standing.
- Must have no compensable fatalities in previous calendar year and up to the date of processing of this application by the WCB.
- Must have made an investment in safety in the previous calendar year which falls under the following criteria:
  - The investment(s) in safety must have benefited workers working in Nova Scotia;
  - Safety Training for managers/supervisors and/or employees;
  - Third party safety audit of employer worksite;
  - Health & Safety programming, such as specific prevention programs;
  - New Equipment purchase or upgrade to existing equipment to prevent injury;
  - Hired or contracted dedicated Occupational Health & Safety personnel.

**Please list investments below (use extra page(s), if required). Attach copy of receipts, invoices and/or other relevant supporting documentation. Additional information may be requested.**

| Date of Investment | Investment Description (please print)<br>(please indicate how this is an investment in safety – i.e. what is the intended/expected outcome) | # of workers this benefits | Amount (excluding HST) |
|--------------------|---|----------------------------|------------------------|
|                    |   |                            |                        |
|                    |   |                            |                        |
|                    |   |                            |                        |

I certify the information provided on this application is accurate and complete.

|                     |           |      |  |
|---------------------|-----------|------|--|
| Name (please print) | Signature |      |  |
| Position            | Telephone | Date |  |