

REQUEST FOR SAFETY AND HEALTH CONSULTATION SERVICES

As an FHM policyholder, safety and health consultation services are available at no additional cost.

To take advantage of this valuable service, please complete the following:

Yes I would like safety and health consultation services.

No I decline the safety service at the present time.

Date: _____

Policy Number: _____

Name: _____

Address: _____

Telephone No.: (____) _____

Contact Individual: _____

Mail to: FHM
Loss Control Department
P.O. Box 616648
Orlando, FL 32861-6648

The designated employer representative will be contacted within 30 days of receipt of the request. If you have any questions, please contact the Loss Control Department at Ext 411.