



Accident prevention services annual report

For calendar year (yyyy)

 Initial report

 Subsequent report

Part 1: Insurance company information

1. Insurance company name	2. North American Industry Classification System (NAICS) code number
3. Group name (if applicable)	4. AM Best rating
5. Primary Texas loss control contact name	6. Contact phone number
7. Contact mailing address (street or PO box, city, state, ZIP code)	8. Contact email
9. Total number of workers' compensation policies in effect as of December 31 of the report year.	

Part 2: Accident prevention services information

10. Provide the number of policies in the following premium groups that received any type of workers' compensation accident prevention services.		
a. Less than \$25,000	b. \$25,000-\$100,000	c. More than \$100,000
11. Total dollar amount the insurance company spent for accident prevention services for Texas workers' compensation policyholders:		
12. Provide the following information about policyholder requests for accident prevention services.		
a. Total number of requests	b. Number fulfilled	
13. Number of workers' compensation accident prevention surveys performed:		
14. Provide evidence of effectiveness and accomplishments of the insurance company's accident prevention services:		

15. Total number of work-related fatalities policyholders incurred during the calendar year:

Boxes 16-26

Initial report: Complete each box.

Subsequent report: For each box, check **No change** or enter any change since the last report.

16. Describe changes in ownership, organizational structure, or management of the insurance company since the last annual report that affect the provision of accident prevention services. No change

17. Describe the manner in which the insurance company determines a loss ratio. No change

18. Surveys

a. Criteria the insurance company uses to evaluate and determine a policyholder's need for surveys: No change

b. Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder's need for surveys: No change

c. Timeframe and manner in which the insurance company offers to provide surveys to policyholders: No change

d. Timeframe and manner in which the insurance company provides surveys to policyholders: No change

e. Specify each entity that will provide surveys
 Insurance carrier Contracted provider Contracted policyholder No change

f. Method the insurance company uses to it provided surveys to the policyholder: No change

19. Recommendations

a. Criteria the insurance company uses to evaluate and determine a policyholder's need for recommendations: No change

b. Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder's need for recommendations: No change

c. Timeframe and manner in which the insurance company offers to provide recommendations to policyholders:	<input type="checkbox"/> No change
d. Timeframe and manner in which the insurance company provides recommendations to policyholders:	<input type="checkbox"/> No change
e. Specify each entity that will provide recommendations <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Contracted provider <input type="checkbox"/> Contracted policyholder	<input type="checkbox"/> No change
f. Method the insurance company uses to it provided surveys to the policyholder:	<input type="checkbox"/> No change
20. Training	
a. Criteria the insurance company uses to evaluate and determine a policyholder's need for training:	<input type="checkbox"/> No change
b. Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder's need for training:	<input type="checkbox"/> No change
c. Timeframe and manner in which the insurance company offers to provide training to policyholders:	<input type="checkbox"/> No change
d. Timeframe and manner in which the insurance company uses to provide training to policyholders:	<input type="checkbox"/> No change
e. Specify each entity that will provide training. <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Contracted provider <input type="checkbox"/> Contracted policyholder	<input type="checkbox"/> No change
f. Method the insurance company uses to document it provided training to the policyholder:	<input type="checkbox"/> No change
21. Consultations	
a. Criteria the insurance company uses to evaluate and determine a policyholder's need for consultations:	<input type="checkbox"/> No change

b. Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder's need for consultations:	<input type="checkbox"/> No change
c. Timeframe and manner in which the insurance company offers to provide consultations to policyholders:	<input type="checkbox"/> No change
d. Timeframe and manner in which the insurance company provides consultations to policyholders:	<input type="checkbox"/> No change
e. Specify each entity that will provide consultations. <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Contracted provider <input type="checkbox"/> Contracted policyholder	<input type="checkbox"/> No change
f. Method the insurance company uses to document it provided consultations to the policyholder:	<input type="checkbox"/> No change
22. Analysis of accident causes	
a. Criteria the insurance company uses to evaluate and determine a policyholder's need to analyze accident causes:	<input type="checkbox"/> No change
b. Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder's need to analyze accident causes:	<input type="checkbox"/> No change
c. Timeframe and manner in which the insurance company offers to provide analysis of accident causes to policyholders:	<input type="checkbox"/> No change
d. Timeframe and manner in which the insurance company provides analysis of accident causes to policyholders:	<input type="checkbox"/> No change
e. Specify each entity that will provide analysis of accident causes. <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Contracted provider <input type="checkbox"/> Contracted policyholder	<input type="checkbox"/> No change
f. Method the insurance company uses to document it provided analysis of accident causes to the policyholder:	<input type="checkbox"/> No change

23. Industrial hygiene services	
a. Criteria the insurance company uses to evaluate and determine a policyholder's need for industrial hygiene services:	<input type="checkbox"/> No change
b. Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder's need for industrial hygiene services:	<input type="checkbox"/> No change
c. Timeframe and manner in which the insurance company offers to provide industrial hygiene services to policyholders:	<input type="checkbox"/> No change
d. Timeframe and manner in which the insurance company provides industrial hygiene services to policyholders:	<input type="checkbox"/> No change
e. Specify each entity that will provide industrial hygiene services. <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Contracted provider <input type="checkbox"/> Contracted policyholder	<input type="checkbox"/> No change
f. Method the insurance company uses to document it provided industrial hygiene services to the policyholder:	<input type="checkbox"/> No change
24. Industrial health services	
a. Criteria the insurance company uses to evaluate and determine a policyholder's need for industrial health services:	<input type="checkbox"/> No change
b. Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder's need for industrial health services:	<input type="checkbox"/> No change
c. Timeframe and manner in which the insurance company offers to provide industrial health services to policyholders:	<input type="checkbox"/> No change
d. Timeframe and manner in which the insurance company provides industrial health services to policyholders:	<input type="checkbox"/> No change
e. Specify each entity that will provide industrial health services. <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Contracted provider <input type="checkbox"/> Contracted policyholder	<input type="checkbox"/> No change

f. Method the insurance company uses to document it provided industrial health services to the policyholder:	<input type="checkbox"/> No change
25. List the insurance company's qualification requirements for employing or contracting with accident prevention personnel.	<input type="checkbox"/> No change
26. Describe the insurance company's method for assuring that the accident prevention personnel provide the necessary level of service to the insurance company's policyholders.	<input type="checkbox"/> No change

Part 3: Insurance company certification

27. Insurance company's authorized representative's printed name	28. Phone number
29. Insurance company's authorized representative's title	30. Email
31. <input type="checkbox"/> By checking this box, I certify that the information in this report is correct and complete.	32. Date of certification

FAQ

Accident prevention services annual report

Who must file the DWC Form-109?

An insurance company writing workers' compensation insurance in Texas must file the DWC Form-109 with DWC as an annual report of its accident prevention services. Insurance companies must file the DWC Form-109 accurately and on time. A DWC Form-109 is considered filed with DWC only when it contains all required information.

When do I file the initial DWC Form-109?

An insurance company must file the DWC Form-109 as its **initial report** by the effective date of its first workers' compensation policy:

- if it writes its first workers' compensation insurance policy in Texas on or after September 1, 2013;
or
- when it resumes writing workers' compensation insurance in Texas and has not written workers' compensation insurance with exposures in Texas for 12 or more months.

When do I file the subsequent DWC Form-109?

An insurance company must file each **subsequent** DWC Form-109 by April 1 of each year.

How do I file the DWC Form-109?

You must send the DWC Form-109 to aps@tdi.texas.gov.

Are any fields on the DWC Form-109 optional?

No, you must complete all applicable fields each time you file the DWC Form-109. For subsequent filings, some fields only require information that has changed since the last filing.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.