TDI Division of Workers' Compensation
PO Box 12050
Austin, TX, 78711
800-252-7031
tdi.texas.gov/wc

**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

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| --- | --- | --- |
| **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:** | | |

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| --- | --- |
| **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** | |
| 1. **Criteria the insurance company uses to evaluate and determine a policyholder’s need for surveys:** | **☐ No change** |
| 1. **Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder’s need for surveys:** | **No change** |
| 1. **Timeframe and manner in which the insurance company offers to provide surveys to policyholders:** | **No change** |
| 1. **Timeframe and manner in which the insurance company provides surveys to policyholders:** | **No change** |
| 1. **Specify each entity that will provide surveys**   **Insurance carrier  Contracted provider  Contracted policyholder** | **No change** |
| 1. **Method the insurance company uses to it provided surveys to the policyholder:** | **No change** |
| **19. Recommendations** | |
| 1. **Criteria the insurance company uses to evaluate and determine a policyholder’s need for recommendations:** | **No change** |
| 1. **Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder’s need for recommendations:** | **No change** |
| 1. **Timeframe and manner in which the insurance company offers to provide recommendations to policyholders:** | **No change** |
| 1. **Timeframe and manner in which the insurance company provides recommendations to policyholders:** | **No change** |
| 1. **Specify each entity that will provide recommendations**   **Insurance carrier  Contracted provider  Contracted policyholder** | **No change** |
| 1. **Method the insurance company uses to it provided surveys to the policyholder:** | **No change** |
| **20. Training** | |
| 1. **Criteria the insurance company uses to evaluate and determine a policyholder’s need for training:** | **No change** |
| 1. **Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder’s need for training:** | **No change** |
| 1. **Timeframe and manner in which the insurance company offers to provide training to policyholders:** | **No change** |
| 1. **Timeframe and manner in which the insurance company uses to provide training to policyholders:** | **No change** |
| 1. **Specify each entity that will provide training.**   **Insurance carrier  Contracted provider  Contracted policyholder** | **No change** |
| 1. **Method the insurance company uses to document it provided training to the policyholder:** | **No change** |
| **21. Consultations** | |
| 1. **Criteria the insurance company uses to evaluate and determine a policyholder’s need for consultations:** | **No change** |
| 1. **Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder’s need for consultations:** | **No change** |
| 1. **Timeframe and manner in which the insurance company offers to provide consultations to policyholders:** | **No change** |
| 1. **Timeframe and manner in which the insurance company provides consultations to policyholders:** | **No change** |
| 1. **Specify each entity that will provide consultations.**   **Insurance carrier  Contracted provider  Contracted policyholder** | **No change** |
| 1. **Method the insurance company uses to document it provided consultations to the policyholder:** | **No change** |
| **22. Analysis of accident causes** | |
| 1. **Criteria the insurance company uses to evaluate and determine a policyholder’s need to analyze accident causes:** | **No change** |
| 1. **Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder’s need to analyze accident causes:** | **No change** |
| 1. **Timeframe and manner in which the insurance company offers to provide analysis of accident causes to policyholders:** | **No change** |
| 1. **Timeframe and manner in which the insurance company provides analysis of accident causes to policyholders:** | **No change** |
| 1. **Specify each entity that will provide analysis of accident causes.**   **Insurance carrier  Contracted provider  Contracted policyholder** | **No change** |
| 1. **Method the insurance company uses to document it provided analysis of accident causes to the policyholder:** | **No change** |
| **23. Industrial hygiene services** | |
| 1. **Criteria the insurance company uses to evaluate and determine a policyholder’s need for industrial hygiene services:** | **No change** |
| 1. **Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder’s need for industrial hygiene services:** | **No change** |
| 1. **Timeframe and manner in which the insurance company offers to provide industrial hygiene services to policyholders:** | **No change** |
| 1. **Timeframe and manner in which the insurance company provides industrial hygiene services to policyholders:** | **No change** |
| 1. **Specify each entity that will provide industrial hygiene services.**   **Insurance carrier  Contracted provider  Contracted policyholder** | **No change** |
| 1. **Method the insurance company uses to document it provided industrial hygiene services to the policyholder:** | **No change** |
| **24. Industrial health services** | |
| 1. **Criteria the insurance company uses to evaluate and determine a policyholder’s need for industrial health services:** | **No change** |
| 1. **Timeframe and manner in which the insurance company follows to evaluate and determine a policyholder’s need for industrial health services:** | **No change** |
| 1. **Timeframe and manner in which the insurance company offers to provide industrial health services to policyholders:** | **No change** |
| 1. **Timeframe and manner in which the insurance company provides industrial health services to policyholders:** | **No change** |
| 1. **Specify each entity that will provide industrial health services.**   **Insurance carrier  Contracted provider  Contracted policyholder** | **No change** |
| 1. **Method the insurance company uses to document it provided industrial health services to the policyholder:** | **No change** |
| **25. List the insurance company’s qualification requirements for employing or contracting with accident prevention personnel.** | **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.** | **No change** |

## Part 3: Insurance company certification

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| --- | --- |
| **27. Insurance company’s authorized representative’s printed name** | **28. Phone number** |
| **29. Insurance company’s authorized representative’s title** | **30. Email** |
| **31.  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](mailto: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](mailto:DWCLegalServices@tdi.texas.gov) or refer to the Corrections Procedure section at [www.tdi.texas.gov/commissioner/legal/lccorprc.html](http://www.tdi.texas.gov/commissioner/legal/lccorprc.html).