



**Texas Department of Insurance  
Division of Workers' Compensation**

Workplace Safety • MS-27  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1645  
(512) 804-4626 phone • (512) 804-4619 fax

Submit by email to:  
[aps@tdi.texas.gov](mailto:aps@tdi.texas.gov)

## Accident Prevention Services Annual Report

For Calendar Year \_\_\_\_\_

Initial Report     Subsequent Report

### I. INSURANCE COMPANY INFORMATION

1. Insurance Company Name		2. NAIC Number	
3. Group Name (if applicable)			
4. Primary Texas Loss Control Contact Name		5. Contact Phone Number	
6. Contact Mailing Address (Street or PO Box, City, State, Zip Code)		7. Contact E-mail Address	
8. A.M. Best Rating	9. Total number of workers' compensation policies in effect as of December 31 <sup>st</sup> of the report year.		

### II. 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 regarding 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 incurred by policyholders during the calendar year:		
<b>Boxes 16-26</b>		
Initial Report: Complete each box.		
Subsequent Report: For each box, check No Change or complete to indicate any change since 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.		
<input type="checkbox"/> No change		
17. Describe the manner in which the insurance company determines a loss ratio.		
<input type="checkbox"/> No change		

**18. Describe the following regarding the insurance company's accident prevention SURVEYS.**

a. Criteria the insurance company uses to evaluate and determine a policyholder's need for surveys

No change

b. Time frame and manner the insurance company follows to evaluate and determine a policyholder's need for surveys

No change

c. Time frame and manner in which the insurance company offers to provide surveys to policyholders

No change

d. Time frame and manner in which the insurance company provides surveys to policyholders

No change

e. Specify each entity that will provide the surveys

No change

Insurance carrier     Contracted provider     Contracted policyholder

f. Method the insurance company uses to document provision of surveys to policyholder

No change

**19. Describe the following regarding the insurance company's accident prevention RECOMMENDATIONS.**

a. Criteria the insurance company uses to evaluate and determine a policyholder's need for recommendations

No change

b. Time frame and manner the insurance company follows to evaluate and determine a policyholder's need for recommendations

No change

c. Time frame and manner in which the insurance company offers to provide recommendations to policyholders

No change

d. Time frame and manner in which the insurance company provides recommendations to policyholders

No change

e. Specify each entity that will provide the recommendations

No change

Insurance carrier     Contracted provider     Contracted policyholder

f. Method the insurance company uses to document provision of recommendations to policyholders

No change

**20. Describe the following regarding the insurance company's accident prevention TRAINING.**

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

b. Time frame and manner the insurance company follows to evaluate and determine a policyholder's need for training  
 No change

c. Time frame and manner in which the insurance company offers to provide training to policyholders  
 No change

d. Time frame and manner in which the insurance company provides training to policyholders  
 No change

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

f. Method the insurance company uses to document provision of training to policyholders  
 No change

**21. Describe the following regarding the insurance company's accident prevention CONSULTATIONS.**

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

b. Time frame and manner the insurance company follows to evaluate and determine a policyholder's need for consultations  
 No change

c. Time frame and manner in which the insurance company offers to provide consultations to policyholders  
 No change

d. Time frame and manner in which the insurance company provides consultations to policyholders  
 No change

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

f. Method the insurance company uses to document provision of consultations to policyholders  
 No change

**22. Describe the following regarding the insurance company's ANALYSIS OF ACCIDENT CAUSES.**

a. Criteria the insurance company uses to evaluate and determine a policyholder's need for analysis of accident causes

No change

b. Time frame and manner the insurance company follows to evaluate and determine a policyholder's need for analysis of accident causes

No change

c. Time frame and manner in which the insurance company offers to provide analysis of accident causes to policyholders

No change

d. Time frame and manner in which the insurance company provides analysis of accident causes to policyholders

No change

e. Specify each entity that will provide the analysis of accident causes

No change

Insurance carrier    Contracted provider    Contracted policyholder

f. Method the insurance company uses to document provision of analysis of accident causes to policyholders

No change

**23. Describe the following regarding the insurance company's INDUSTRIAL HYGIENE SERVICES.**

a. Criteria the insurance company uses to evaluate and determine a policyholder's need for industrial hygiene services

No change

b. Time frame and manner the insurance company follows to evaluate and determine a policyholder's need for industrial hygiene services

No change

c. Time frame and manner in which the insurance company offers to provide industrial hygiene services to policyholders

No change

d. Time frame and manner in which the insurance company provides industrial hygiene services to policyholders

No change

e. Specify each entity that will provide the industrial hygiene services

No change

Insurance carrier    Contracted provider    Contracted policyholder

f. Method the insurance company uses to document provision of industrial hygiene services to policyholders

No change

**24. Describe the following regarding the insurance company's INDUSTRIAL HEALTH SERVICES.**

a. Criteria the insurance company uses to evaluate and determine a policyholder's need for industrial health services

No change

b. Time frame and manner the insurance company follows to evaluate and determine a policyholder's need for industrial health services

No change

c. Time frame and manner in which the insurance company offers to provide industrial health services to policyholders

No change

d. Time frame and manner in which the insurance company provides industrial health services to policyholders

No change

e. Specify each entity that will provide the industrial health services

No change

Insurance carrier     Contracted provider     Contracted policyholder

f. Method the insurance company uses to document provision of industrial health services to policyholders

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 requisite level of service to the insurance company's policyholders.**

No change

**III. INSURANCE COMPANY CERTIFICATION**

<b>27. Insurance Company Authorized Representative's Printed Name</b>	<b>28. Phone Number</b>
<b>29. Insurance Company Authorized Representative's Title</b>	<b>30. E-mail Address</b>
<b>31. <input type="checkbox"/> By checking this box, I certify that the information provided in this report is correct and complete.</b>	<b>32. Date of Certification</b>

**NOTE:** With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).

## Frequently Asked Questions Accident Prevention Services Annual Report Initial Report / Subsequent Report

### Who must file the DWC Form-109?

An insurance company writing workers' compensation insurance in Texas must file the DWC Form-109 with the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) as its annual report on its accident prevention services. Insurance companies are responsible for timely and accurately filing the DWC Form-109. A DWC Form-109 is considered filed with the TDI-DWC only when it accurately contains all of the required data elements.

### When do I file the *initial* DWC Form-109?

An insurance company already writing workers' compensation insurance in Texas on October 1, 2013 must file the DWC Form-109 as its **initial report** by **April 1, 2014**.

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 October 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<sup>st</sup> of each calendar year.

### How do I file the DWC Form-109?

The DWC Form-109 may only be submitted electronically to the following email address: [aps@tdi.texas.gov](mailto:aps@tdi.texas.gov).

### Are any fields on the DWC Form-109 optional?

No, all applicable fields must be completed each time the DWC Form-109 is filed. For subsequent filings, some fields only require substantive information if there has been a change since the last filing.