



## **Accident prevention plan cover sheet for rejected risk employer**

You must include your accident prevention plan with this completed cover sheet.

### **Part 1: Employer's contact information**

<b>1. Employer's name</b>	<b>2. Texas business name</b>
<b>3. Federal Employer Identification Number (FEIN)</b>	<b>4. North American Industry Classification System (NAICS) code</b>
<b>5. Business mailing address</b> (street or PO box, city, state, ZIP code)	
<b>6. Physical address for Texas location</b> (if different from above – street, city, state, ZIP code – no PO box)	
<b>7. Texas location phone number</b>	<b>8. Fax number</b>
<b>9. Email</b>	

### **Part 2: Consultant's contact information**

<b>10. Consultant's name</b>	<b>11. Title</b>
<b>12. Mailing address</b> (street or PO box, city, state, ZIP code)	<b>13. Phone number</b>

**Part 3: Employer operations business description**

**14. Briefly describe the business' facilities, products, or services.** (Include numbers of shifts, employees, Texas locations, and locations under program review.  Attach more pages if needed.)

**Part 4: Signature statement**

**Certify proof of inspection and agreement with your signature**

The consultant's signature indicates that they personally inspected the above-identified employer, and in the consultant's professional opinion, the accident prevention plan meets the requirement of the law and DWC rules. The employer's signature indicates agreement with the plan unless noted. If the "disagree" block is checked, the employer must explain the disagreement in writing and submit it with the accident prevention plan. The consultation cost indicates the employer's estimated or actual cost for the program review and development of the accident prevention plan.

<b>15. Consultant's signature</b>	<b>16. Title</b>	<b>17. Date</b>
<b>18. Employer's signature</b>	<b>19. Title</b>	<b>20. Date</b>
<b>21. Employer's statement</b> <input type="checkbox"/> <b>Agree</b> <input type="checkbox"/> <b>Disagree</b> (Explain in writing and attach.)		
<b>22. Consultation cost \$</b> _____		

# FAQ

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### Who completes this form?

Texas Mutual Insurance Company notifies employers that are identified as a rejected risk and are required to have accident prevention services. The identified employer and the safety consultant must complete the DWC Form-102 and attach it to the plan developed from the DWC Form-101, Program Review Report for Rejected Risk Employers.

### What information is requested under Part 3: Employer operations business description?

Briefly describe the business, such as the type of services performed and products made. Also include the number of employees, shifts, facility locations, and any other information that provides a basic overview of the operation. Attach more pages if needed.

### Where do I send this form?

The employer should keep the original signed DWC Form-102 and send a copy with the completed DWC Form-101, Program Review Report for Rejected Risk Employers to:

- Email: [aps@tdi.texas.gov](mailto:aps@tdi.texas.gov)
- Mail: Texas Department of Insurance,  
Division of Workers' Compensation  
Workplace Safety, MS-27  
PO Box 12050  
Austin, TX 78711-2050

### Who signs the DWC Form-102?

The consultant and employer's representative must sign the form. The person signing for the employer must be on the employer's payroll and have authorization to sign legal documents.

### Questions?

Call 1-800-252-7031, option 2, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to [www.txoshcon.com](http://www.txoshcon.com) to learn more about DWC's safety and health consultation program.

**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).