



Accident prevention services annual report

For calendar year (yyyy)

Part 1: Insurance company information

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|--|--------------------------------------|
| 1. Insurance company name | 2. Group name (if applicable) |
| 3. Primary Texas loss control contact name | 4. Contact phone number |
| 5. Contact mailing address (street or PO box, city, state, ZIP code) | 6. Contact email |
| 7. Total number of workers' compensation policies in effect as of December 31 of the report year. | |

Part 2: Accident prevention services information

| | |
|--|---|
| 8. 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 | |
| 9. Total dollar amount the insurance company spent for accident prevention services for Texas workers' compensation policyholders: | |
| 10. Provide the following information about policyholder requests for accident prevention services. | |
| a. Total number of requests | b. Number fulfilled |
| 11. Number of workers' compensation accident prevention surveys performed: | 12. Total number of work-related fatalities policyholders incurred during the calendar year: |
| 13. Provide evidence of effectiveness and accomplishments of the insurance company's accident prevention services: | |
| 14. List the services that use contractors. | |

Part 3: Insurance company certification

| | |
|---|---------------------------|
| 15. Insurance company's authorized representative's printed name | 16. Phone number |
| 17. Insurance company's authorized representative's title | 18. Email |
| 19. <input type="checkbox"/> By checking this box, I certify that the information in this report is correct and complete. | 20. 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).
- 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.