



Accident prevention services annual report

For calendar year (yyyy)

Part 1: Insurance company information

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. ☐ 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.