



Accident prevention services worksheet

Part 1. Policyholder information

1. Policyholder name	2. Policy number	3. Effective date of policy
4. AM Best rating	5. Number of employees	6. Primary North American Industry Classification System (NAICS) code
7. Principal Texas address of policyholder (street or PO box, city, state, ZIP code)		
8. Policyholder contact name	9. Contact phone number	10. Contact email
11. Description of policyholder's operations		

Part 2. Insurance company information

12. Insurance company name	
13. Name of person completing this form	14. Date form completed

Part 3. Service and loss information

15. Provide information for policy years as requested by DWC in the inspection notification letter.				
	<i>(mm/dd/yyyy)</i>	<i>(mm/dd/yyyy)</i>	<i>(mm/dd/yyyy)</i>	<i>(mm/dd/yyyy)</i>
Policy year	Currently active	1st prior	2nd prior	3rd prior
a. Total premium				
b. Number of claims				
c. Loss ratio				
d. Experience modifier				
e. Number of fatalities				

	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
f. Dates of fatalities				
Policy year	Currently active	1st prior	2nd prior	3rd prior
	Date of request	Date service provided	Date of request	Date service provided
g. Policyholder requested services				
h. Underwriting requests				
	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Policy year	Currently active	1st prior	2nd prior	3rd prior
i. Dates of surveys	Dates need for service was determined			
	Dates offer was provided			
	Dates service was provided			
j. Dates of recommendation letters	Dates need for service was determined			
	Dates offer was provided			
	Dates service was provided			
k. Dates of training programs	Dates need for service was determined			
	Dates offer was provided			

		(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	Dates service was provided				
I. Dates of consultations	Dates need for service was determined				
	Dates offer was provided				
	Dates service was provided				
Policy year		Currently active	1st prior	2nd prior	3rd prior
m. Dates of analyses of accident causes	Dates need for service was determined				
	Dates offer was provided				
	Dates service was provided				
n. Dates of industrial hygiene services	Dates need for service was determined				
	Dates offer was provided				
	Dates service was provided				
o. Dates of industrial health services	Dates need for service was determined				
	Dates offer was provided				
	Dates service was provided				

16. Provide additional information as needed.

FAQ

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Who must file this form?

Insurance companies undergoing inspections by the Texas Department of Insurance, Division of Workers' Compensation (DWC) required by 28 Texas Administrative Code Section 166.5 (Inspections of Adequacy of Accident Prevention Facilities and Services) must file the DWC Form-105. Insurance companies are responsible for timely and accurately filing the DWC Form-105.

When do I file the DWC Form-105?

An insurance company must file a completed DWC Form-105 for each policy that DWC selects at least 10 days before the scheduled date of the inspection.

Are any fields on the DWC Form-105 optional?

You must complete all applicable fields each time you file the DWC Form-105. DWC will specify the number of policy years to report during the pre-inspection exchange of information. A DWC Form-105 is considered filed with DWC only when it accurately contains all the required data elements.

Where do I send this form?

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

Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

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 or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.