

<b>Form HS-31-D</b>	<b>ARKANSAS WORKERS' COMPENSATION COMMISSION</b>	<b>HS-31-D</b>
	<b>HEALTH &amp; SAFETY DIVISION</b> 324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	
Ark. Code Ann. §11-9-409 & AWCC Rule 31 Rev. 1-1-2001		

### Accident Prevention Services Worksheet

1a) Policyholder's name:		1b) Arkansas location(s):	1c) Effective date (mm/dd/yyyy):
2a) SIC Code:	2b) NAIC Code:	2c) Number of employees:	2d) Best Hazard Index:
	Current policy year	First prior year	Second prior year
3) Number of claims			
4) Frequency indicator			
5) Loss ratio			
6) Number of visits			
7a) Date last site visit (mm/dd/yyyy):		7b) Written manual premium: \$	7c) Experience modifier:
8a) Insurance carrier:		8b) Completed by:	8c) Date (mm/dd/yy):

Note: *May Attach Additional Sheets, if needed.*

9) Description of operations:
10) Attach trend analysis for the last three years, by year:
11) Describe any planned, programmed or scheduled service for this policyholder:
12. Describe training program review and provide a list of recommendations made:
13. Were accident analysis services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed
14. Were industrial hygiene/health services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed
15. Comments:

(Form instructions on back side)

# Instructions for Completing Accident Prevention Services Worksheet

AWCC-HS-31-D (Rev. 1-1-2001)

This form may be obtained from the Accident Prevention Services Program of the Health and Safety Division.

- 1a. Name of policyholder (e.g., "ABC Company").
- 1b. Each Arkansas location (by city).
- 1c. Date of annual renewal. If account is a new policy, include policy inception date.
- 2a. Standard Industrial Classification (SIC) code.
- 2b. National Association of Insurance Commissioners carrier code. (NAIC Number - 5 digits, e.g. 21233)
- 2c. Number of covered employees.
- 2d. Hazard index according to A.M. Best Company.
3. Number of claims in the current policy year to date (See item 8c) followed by the total number of visits made each of the two prior policy years.
4. Frequency indicator =  $\frac{\text{Number of Claims} \times 100}{\text{Number of Employees}}$
5. Loss ratio =  $\frac{\text{Incurred Losses}}{\text{Earned Premium}} \times 100$
6. Number of on-site visits to the account made by the Field Safety Representative(s) in the current policy year to date (see item 8c) followed by the total number of visits made each of the two prior policy years.
- 7a. Date of last visit to or direct communication with the account by the Field Safety Representative.
- 7b. Written manual premium for current policy year. If policy is a retrospective, cost plus or self-rating plan, enter your best estimate of the annual premium. Contact your carrier's tax department for assistance.
- 7c. Experience modifier.
- 8a. Name of insurance company. If the insurance company is a subsidiary company, enter parent company.
- 8b. Name of person who completed the worksheet.
- 8c. Date worksheet was completed.
9. Enter the policyholder's type of business. Include a description of the kinds of operations involved as well as their size (e.g., "Wire goods manufacturing. Bulk rolls of coiled wire and sheet metal are cut to size, welded and painted or plated. Insured has 3 locations and 12 vehicles.")
10. Attach a trend analysis/loss run for each of the last three years.
11. Describe any programmed, planned or scheduled service that has been established for this policyholder, including type of service, frequency, etc.
12. Describe the training programs employed by the policyholder. List training programs recommended by the Field Safety Representative(s). Tell whether they have been implemented by the policyholder and, if so, how.
13. State whether accidents were of sufficient number to warrant an analysis to identify trends. If yes, briefly describe analysis results provided to the policyholder.
14. State whether the policyholder's operations required industrial hygiene/health service. If yes, describe what services were provided by the insurance carrier.
15. Comment on response/receptiveness of policyholder to recommendation(s) by Field Safety Representative(s).