pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

INSURER'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

This report must be submitted to the
Pennsylvania Department of Labor and Industry, Bureau of Workers' Compensation

no later than **JUNE 01** of each calendar year.

Report for calendar year 20 ___

An entry ***must*** be made for each question. Use an N/A or zero when appropriate.
Before **completing please refer to attached instructions for completion of report.**

National Association of Insurance Commissioners Code

Electronic filing available!
Faster & easier to use
See enclosure for more information
https://www.dli.pa.gov/hands

Please make necessary corrections to name & mailing address under item #1b. **Please print or type all information

1a. Insurer's Name and Address

1b. Corrected Name and Mailing Address (if necessary):

Insurer Name

Address (line 1)

Address (line 2)

City State Zip

1c. Mark only one report type with an (x)

☐ Direct Writers of Workers' Compensation should complete the remainder of this form and return it to the Bureau.

☐ Licensed, but have not written Workers' Compensation should **stop here**, sign the form on page 1, complete the section and return it to the Bureau. **(Refer to the definition for "Licensed Not Writing" on Page 8, Section 1c of the Instructions for completing this report)**.

☐ Reinsurer's or Excess Coverage Carriers should stop here, sign the form on page 1, complete the section below and return it to the Bureau.

****NOTE: the following information must be filled out entirely, please print legibly.***

I, the undersigned, verify that the facts set forth in this report and any attachments are true and correct. This verification is made subject to the penalties of Section 49-04 of the Crimes Code, 18 PA. C.S. § 4904, relating to unsworn falsification to authorities. ***The company or corporation assumes ultimate responsibility of the accuracy of responses contained herein***.

First Name M.I. Last Name

Title

Email Address Telephone Extension

Signature: Date:

2. Total Number of Workers' Compensation Policyholders in PA: _____

3. Total Written Direct Premiums: (Round to nearest dollar)
$ _____

4. Number of Policyholders by Premium Size that received Accident & Illness Prevention Services: (If there were no services provided, enter a zero in a, b, or c)

4a. Less than $25,000: ___ 4b. $25,000 to $100,000: ___ 4c. $100,000 or more: ___

5. Amount Spent on Accident & Illness Prevention Services (Round to the nearest dollar)
$ _____

6. Check if you charge for Accident & Illness Prevention Services which exceed such expenses included in a Policyholder's standard premium.
☐ Yes

7. Number of requests for Accident & Illness Prevention Services Received: _____
(If no requests were received, enter zero)

8. Number of requests for Accident & Illness Prevention Services fulfilled: _____
(If no requests were fulfilled, enter zero)

9a. Does a Notice of Accident & Illness Prevention Services required by Article X accompany each Workers Compensation Insurance policy delivered or issued? ☐ Yes

9b. Mark with an (x) if notice appears in no less than Ten-Point Bold type ☐ Yes

10. Method(s) utilized for determining Accident & Illness Prevention Services Commitments
[Mark with an (x) all that apply]:

☐ a. Policyholder Request
☐ b. Loss History
☐ c. Loss Ratio
☐ d. Incurred Losses
☐ e. Paid Losses
☐ f. Underwriter Request
☐ g. Broker Request
☐ h. Standard Industrial Classification (SIC) Code/NAICS Code
☐ i. Experience Modification Factor
☐ j. Other [Explain – Identify as Item 10j on additional sheets]

(over)

11. Mark with an (x) under Column I, the type(s) of Accident & Illness Prevention Services that are maintained or provided for policyholders. In Column II indicate the number of each service provided during period covered by this report.

	COLUMN I Service	COLUMN II Number of Each Service Provided
a. On-Site Surveys/Recommendations	☐	_____
b. Analysis of Accident Causes	☐	_____
c. Accident & Illness Prevention Evaluation	☐	_____
d. Industrial Hygiene Services	☐	_____
e. Industrial Health Services	☐	_____
f. Accident & Illness Prevention Training	☐	_____
g. Consultations	☐	_____
h. Pre-Operational Process Reviews	☐	_____
i. Safety Committee Training	☐	_____

12. What method(s) is/are used to determine the effectiveness and accomplishments of your accident and illness prevention services? [Mark with an (x) all that apply.]

☐ a. Incidence Rate

☐ b. Recommendations Closed

☐ c. Incurred Losses

☐ d. Satisfaction Surveys

☐ e. Loss Ratio

☐ f. Experience Mod

☐ g. Other (Explain – Identify as Item #12g on additional sheets)

(over)

13. Contact Person

Questions regarding this Annual Report will be directed to the signator unless a contact person is designated below.

Please print legibly.

First Name M.I. Last Name

Email Address

Title

Address (line 1)

Address (line 2)

City State Zip

Telephone Extension Fax

(over)

14. Accident & Illness Prevention Service Provider(s) verification information:

PROVIDER VERIFICATION

Provide the full name, hiring status and credential code for each individual. Indicate if status is "in-Service" ***or*** recognized based on Experience for Accident & Illness Prevention Service Providers who provided Accident and Illness Prevention service during the reporting period covered by this annual report. (See instructions)

______ (Mr. Mrs. Ms.) ______ First Name ______ MI ______ Last Name

______ Credential Code ***or*** ______E Experience Provider # ***or*** ☐ In-Service Provider ______ Date In-Service was granted ☐ Employee ☐ Contracted

---

______ (Mr. Mrs. Ms.) ______ First Name ______ MI ______ Last Name

______ Credential Code ***or*** ______E Experience Provider # ***or*** ☐ In-Service Provider ______ Date In-Service was granted ☐ Employee ☐ Contracted

______ (Mr. Mrs. Ms.) ______ First Name ______ MI ______ Last Name

______ Credential Code ***or*** ______E Experience Provider # ***or*** ☐ In-Service Provider ______ Date In-Service was granted ☐ Employee ☐ Contracted

______ (Mr. Mrs. Ms.) ______ First Name ______ MI ______ Last Name

______ Credential Code ***or*** ______E Experience Provider # ***or*** ☐ In-Service Provider ______ Date In-Service was granted ☐ Employee ☐ Contracted

______ (Mr. Mrs. Ms.) ______ First Name ______ MI ______ Last Name

______ Credential Code ***or*** ______E Experience Provider # ***or*** ☐ In-Service Provider ______ Date In-Service was granted ☐ Employee ☐ Contracted

______ (Mr. Mrs. Ms.) ______ First Name ______ MI ______ Last Name

______ Credential Code ***or*** ______E Experience Provider # ***or*** ☐ In-Service Provider ______ Date In-Service was granted ☐ Employee ☐ Contracted

______ (Mr. Mrs. Ms.) ______ First Name ______ MI ______ Last Name

______ Credential Code ***or*** ______E Experience Provider # ***or*** ☐ In-Service Provider ______ Date In-Service was granted ☐ Employee ☐ Contracted

14. Accident & Illness Prevention Service Provider(s) verification information: (Continued)

PROVIDER VERIFICATION

Provide the full name, hiring status and credential code for each individual. Indicate if status is "in-Service" ***or*** recognized based on Experience for Accident & Illness Prevention Service Providers who provided Accident and Illness Prevention service during the reporting period covered by this annual report. (See instructions)

________ (Mr. Mrs. Ms.) ____________ First Name ___ MI ____________ Last Name

________ Credential Code ***or*** ________E Experience Provider # ***or*** ☐ In-Service Provider ________ Date In-Service was granted ☐ Employee ☐ Contracted

________ (Mr. Mrs. Ms.) ____________ First Name ___ MI ____________ Last Name

________ Credential Code ***or*** ________E Experience Provider # ***or*** ☐ In-Service Provider ________ Date In-Service was granted ☐ Employee ☐ Contracted

________ (Mr. Mrs. Ms.) ____________ First Name ___ MI ____________ Last Name

________ Credential Code ***or*** ________E Experience Provider # ***or*** ☐ In-Service Provider ________ Date In-Service was granted ☐ Employee ☐ Contracted

________ (Mr. Mrs. Ms.) ____________ First Name ___ MI ____________ Last Name

________ Credential Code ***or*** ________E Experience Provider # ***or*** ☐ In-Service Provider ________ Date In-Service was granted ☐ Employee ☐ Contracted

________ (Mr. Mrs. Ms.) ____________ First Name ___ MI ____________ Last Name

________ Credential Code ***or*** ________E Experience Provider # ***or*** ☐ In-Service Provider ________ Date In-Service was granted ☐ Employee ☐ Contracted

________ (Mr. Mrs. Ms.) ____________ First Name ___ MI ____________ Last Name

________ Credential Code ***or*** ________E Experience Provider # ***or*** ☐ In-Service Provider ________ Date In-Service was granted ☐ Employee ☐ Contracted

________ (Mr. Mrs. Ms.) ____________ First Name ___ MI ____________ Last Name

________ Credential Code ***or*** ________E Experience Provider # ***or*** ☐ In-Service Provider ________ Date In-Service was granted ☐ Employee ☐ Contracted

NOTE: PLEASE PHOTOCOPY THIS PAGE FOR ADDITIONAL SERVICE PROVIDERS (Please attach after page 6 of this form)

REQUEST FOR INDIVIDUAL SERVICE PROVIDER IN-SERVICE STATUS

15. a. Please print or type the following information for all employees and/or contracted personnel that you are requesting In-Service for who ***do not*** possess a ***current*** approved designation and that ***have not*** previously been granted "In-Service" status.

_____ _____ __ _____

(Mr. Mrs. Ms.) First Name MI Last Name

Is service provider an Employee? ☐ or contracted? ☐

What is the date the above service provider began providing Accident & Illness Prevention Services?

_____ – _____ – _____

Month Day Year

15. b. Accident & Illness Prevention Service provider(s) information with regard to In-Service status:
Name of ***recognized*** provider directing the above-mentioned in-service provider:

_____ _____ __ _____

(Mr. Mrs. Ms.) First Name MI Last Name

Recognized Provider designation

_____	_____ E	☐	☐
Credential Code	Experience Provider #	Employee	Contracted

NOTE: PLEASE PHOTOCOPY THIS PAGE FOR ADDITIONAL IN-SERVICE REQUESTS
(Please attach after page 7 of this form)

Send the Completed Individual Insurer Employers
Accident & Illness Prevention Program Annual Report (LIBC-210-I) to:

Pennsylvania Bureau of Workers' Compensation
Health & Safety Division
Audit & Report Processing Section
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501
(717) 772-1636

Instructions for Completing Form LIBC-210I

INSURER'S ANNUAL REPORT OF ACCIDENT & ILLNESS PREVENTION SERVICES

This Insurer's Annual Report of Accident & Illness Prevention Services must be filed with the Pennsylvania Department of Labor and Industry, Bureau of Workers' Compensation, Health and Safety Division for the preceding calendar year by ***June 1*** of the following year for each Carrier which has been granted a license to write workers' compensation insurance within the Commonwealth of Pennsylvania. A calendar year is considered as that period from January 1 through December 31 of the Report year. If a Direct Writer, check the appropriate box and complete Items 1a through 15b. If licensed, but have not written Workers' Compensation, a Reinsurer or Excess Coverage Carrier only, check the appropriate box, fill in First Name, Middle Initial and Last Name, Title, Telephone Number, Date, and sign at the bottom of the first page and return to the address on page 8.

NAIC (Bureau Code/Insurance Carrier Code)

Enter the National Association of Insurance Commissioners Code (NAIC) number assigned to you.

ITEM 1a: The full name and address of the insurance carrier as registered with the Commonwealth of Pennsylvania is pre-printed for report tracking purposes.

ITEM 1b: Provide any corrections to the insurer's name and/or mailing address as it appears in 1a in the spaces provided.

ITEM 1c: Check the appropriate box corresponding with the Insurer's status. (Direct Writer, Licensed, but have not written Workers' Compensation, or Reinsurer or Excess Carrier).

"Licensed, but have not written Workers' Compensation" may define an Insurer that has never written a Workers' Compensation policy since being granted a license to write Workers' Compensation.

"Licensed, but have not written Worker's Compensation" may also define an Insurer that has ceased writing Workers' Compensation policies and no longer has any policyholders.

NOTE: You are required to attach an explanation informing the Department as to the status of policyholder Accident & Illness Prevention Services, if your Insurer Status on your previous Annual Report was reported as "Direct Writer" and your current reporting status is other than "Direct Writer"

ITEM 2: Indicate the total number of workers' compensation policyholders for whom coverage was provided within the Commonwealth of Pennsylvania, during the period covered by this report.

ITEM 3: State the total written direct premiums on direct business as reported on Special Schedule W, Parts A-1 thru A-5, Item #1, as filed with the Pennsylvania Insurance Department, rounded to the nearest dollar.

ITEM 4: Indicate the number of policyholders within each premium size category that received services during the period covered by this report. If no services were provided for a premium size category, indicate by entering a zero.

ITEM 5: Indicate the amount spent for providing Accident & Illness Prevention Services, during the period covered by this report, rounded to the nearest dollar. Include costs associated with preparation, travel, and on-site surveys/recommendations. **DO NOT** include overhead costs such as insurer or contracted personnel training, underwriting surveys or account introductory visits. **DO NOT** include expenses declared on Special Schedule W, Parts A-1 thru A-5, Item 12A as filed with the Pennsylvania Department of Insurance.

ITEM 6: Check "yes" if you charge for Accident & Illness Prevention Services provided in excess of those that are included as a component of the policyholder's standard premium. If, for example, specialized services such as laboratory analysis, or special studies are required.

ITEM 7: Indicate the number of requests for Accident & Illness Prevention Services that have been received from policyholders within the Commonwealth of Pennsylvania, during the period covered by this report. Indicate no request for Accident & Illness Prevention Services being received by entering a (0) zero.

ITEM 8: Indicate the number of requests for Accident & Illness Prevention Services that have been fulfilled and brought to closure via an on-site inspection or completion of another requested activity, during the period covered by this report. Indicate no request for Accident & Illness Prevention Services being fulfilled by entering a (0) zero.

ITEM 9a: Indicate "yes" if a notice of Accident & Illness Prevention Services, as required by Article X, accompanies each Workers' Compensation Insurance Policy delivered or issued within the Commonwealth of Pennsylvania. **NOTE:** The Pennsylvania Workers' Compensation Act (Section 1001 [d]) requires that: "insurers notify policyholders of the availability of services and that the notice accompany each workers' compensation insurance policy delivered or issued for delivery in this Commonwealth."

ITEM 9b: Indicate "yes" if the policyholder's notification appears in no less than 10-point bold type. The *Pennsylvania Workers' Compensation Act* [Section 1001 (d)] requires that the policyholder notification referred to under ITEM 9a above must appear in no less than 10 point bold print.

ITEM 10: Check the method(s) utilized for determining services commitments. Methods could include, but not be limited to (a) policyholder request; (b) loss history; (c) loss ratio (**incurred losses ÷ earned premium**) (d) incurred losses; (e) paid losses; (f) requests by underwriters as a component of coverage; (g) requests by brokers as an account agreement; (h) insurer schedule by policyholder SIC Code; (i) experience modification factor: a factor developed by the Pennsylvania Compensation Rating Bureau that apportions the cost of workers' compensation insurance based upon losses reported, a modifier of <1 usually indicates favorable loss experience, while a modifier >1 suggests worse than average loss experience; or (j) other method, please use an attached explanation identified as Item 10j for all other methods used to determine Accident & Illness Prevention Service Commitments.

ITEM 11: Indicate in Column I the type of Accident & Illness Prevention Services that are **maintained or provided** for policyholders. Indicate in Column II the number of each service provided during period covered by this report.

a) On-Site Surveys/Recommendations: Surveys to identify existing or potential accident and illness hazards or safety program deficiencies. If the insurer determines through a survey and analysis of survey results that the hazards or deficiencies are present, it shall propose corrective actions to the policyholder concerning the abatement of hazards or program deficiencies identified in the survey. If one or more imminent danger situations are identified, the insurer shall inquire as to the corrective actions a policyholder has taken and propose further corrective actions if necessary.

b) Analysis of Accident Causes: Analysis of accident causes for the purpose of identifying and addressing Policyholder hazards and exposure contributing to employee injury and illnesses.

c) Accident & Illness Prevention Evaluation: Accident and Illness Prevention Program evaluation for the purpose of ensuring that Policyholder Accident and Illness Prevention programs are adequately addressing the issues contributing to Policyholder employees' hazards and exposure resulting in potential employee injury and illnesses.

ITEM 11: (con't.)

d) Industrial Hygiene Services: Providing or proposing corrective actions in the area of industrial hygiene services as requested by the policyholder or as determined by the insurer to meet the policyholders' operational requirements.

e) Industrial Health Services: Providing or proposing corrective actions in the area of industrial health services as requested by the policyholder or as determined by the insurer to meet the policyholders' operational requirements.

f) Accident and Illness Prevention Training: Accident and illness prevention training programs that may include training for safety committee members as outlined under Subchapter F (relating to workplace safety committees).

g) Consultations: Consultations regarding specific safety and health problems and hazard abatement programs and techniques related to the introduction of new equipment or new materials.

h) Pre-Operational Process Reviews: Pre-Operational Process Review for the review of plans, drawings, diagrams, and specifications for processes, equipment and machinery, prior to their use and introduction into the workplace. This review is for the purpose of identifying and correcting hazardous conditions.

i) Safety Committee Training: Safety Committee Training for members of Policyholder Safety Committees seeking or renewing Commonwealth Workplace Safety Committee Certification. Such training is required annually and addresses hazard detection and identification, accident and illness prevention and investigation, safety committee structure and operation, and other health and safety concerns specific to the business of the applicant-employer (including substance abuse and awareness and prevention training).

ITEM 12: Indicate with an (X) the internal method(s) utilized to determine the effectiveness of Accident & Illness Prevention Services. Methods could include, but are not limited to: (a) comparisons of incidence rates as calculated by the policyholder or the insurer; (b) submitted recommendations that are considered closed; (c) comparisons of the number of incurred or paid losses for a specific period; (d) results of customer satisfaction surveys; (e) comparisons of loss ratios for a specific period; (f) experience modification factor (g) other method, please explain using an attached sheet identified as ITEM 12g.

ITEM 13: Provide Contact Person information, if the individual to be contacted about information reported is different from the person signing the report.

ITEM 14: Report Accident & Illness Prevention Service Providers who have previously been granted In-Service status, recognized based on Experience, or who possess a recognized Qualification, whose services were utilized during this report period, or were available to provide Accident & Illness Prevention Services during this report period.

Fill in the last name, first name and middle initial of each Service Provider reported. Indicate the hiring status of each Accident & Illness Prevention Service Provider reported. If the Provider possesses a Credential Number please provide the two-digit code, (see Item 14 con't on page 11 & 12 for clarification). If the Provider was grandfathered in under Experience, please provide the 4 digit number ending in E that was given to the Provider by the State. If the Provider possesses a current In-Service status, please provide the date of recognition that was given to the Provider by the State. Select "Employee" to represent an Employee Service Provider, or select "Contracted" to represent a Contracted Service Provider.

Accident & Illness Prevention Service Provider Qualifications

Under the Health and Safety Regulations of the Pennsylvania Workers' Compensation Act, self-insured employers and insurance carriers licensed to write workers' compensation insurance are required to either employ or contract with qualified accident and illness prevention services providers to deliver services to policyholders or to provide program services. The self-insured employer or licensed carrier is responsible for maintaining proof that a provider possesses a current qualification.

To be a qualified service provider within the meaning of Section 1001(a) of the Act (77 P.S. section 1038.1 (a)):

- Individuals must possess at least one current, bureau-recognized credential listed below AND have two years of acceptable safety experience as also defined below; or
- Be designated as an In Service provider. When filing their annual report of Accident and Illness Prevention Services/Program, a self-insured employer or insurer can request an In Service designation for a provider who does not yet hold a recognized credential but is working to earn one. An In Service provider has five years to obtain a recognized credential and must be under the direction of a fully qualified provider while in service.

Please note: qualified accident and illness prevention service providers are also qualified to deliver required training to workplace safety committee members under the state's workplace safety committee certification program. Certification entitles insured employers to a 5 percent annual workers' compensation premium discount.

To be qualified as an accident and illness prevention service provider within the meaning of Section 1001(a) and (b) of the Act (77 P.S. § 1038.1(a) and (b)) and this chapter, a person shall obtain one or more of the following qualifications ***and have two years of acceptable safety experience.*** *This experience must include current, full-time professional experience providing accident and illness prevention services which accounts for at least 60 percent of the individual's activities. Acceptable activities include: identifying hazards; conducting safety and health surveys; proposing corrective actions; analyzing accident causes; and, recommending or providing industrial hygiene and industrial health surveys and consultations.*

1. Certification as a medical doctor (M.D.) in occupational medicine granted by the American Board of Preventive Medicine (ABPM).
2. Certification as an industrial hygienist (CIH) granted by the American Board of Industrial Hygiene (ABIH).
3. Certification as a safety professional (CSP) granted by the Board of Certified Safety Professionals (BCSP).
4. Certification as an industrial hygienist in training (IHIT) granted by the American Board of Industrial Hygiene (ABIH).
5. Certification as an associate safety professional (ASP) granted by the Board of Certified Safety Professionals (BCSP).
6. A bachelor's degree, master's degree or doctoral degree in safety earned from an accredited program from an accredited college or university.
7. A bachelor's degree, master's degree, or doctoral degree in science or engineering with a major concentration in occupational/industrial safety and health from an accredited program within an accredited college or university.
8. Certification as an occupational health nurse (COHN) granted by the American Board for Occupational Health Nurse (ABOHN).
9. Certification as an Occupational Health & Safety Technologist (OHST) granted by the Board of Certified Safety Professionals (BCSP).
10. An advanced safety certificate earned from the National Safety Council's Safety Training Institute.
11. An associate in loss control management (ALCM) earned from the Insurance Institute of America (IIA).
12. An associate risk management (ARM) earned from the Insurance Institute of America (IIA).
13. Certification as a safety executive (WSO-CSE), safety manager (WSO-CSM) or safety specialist (WSO-CSS) granted by the World Safety Organization (WSO).
14. Certification as a professional ergonomist (CPE) granted by the Board of Certification of Professional Ergonomists (BCPE).
15. Registered safety manager granted by the International Board of Environmental Health & Safety Inc. (IBOEHS).
16. Certification with a Certified Risk Managers (CRM) designation granted by The National Alliance for Insurance Education & Research.
17. Certified Safety and Health Managers (CSHM) granted by the Institute for Safety and Health Management.

(over)

18. Certification as a Certified Instructional Trainer (CIT) granted by the Board of Certified Safety Professionals (BCSP).

19. Certification as a Safety Trained Supervisor (STS) granted by the Board of Certified Safety Professionals (BCSP).

INDUSTRY-SPECIFIC QUALIFICATIONS:

20. Trucking: Certified Director of Safety (CDS) granted by the North American Transportation Management Institute (NATMI).

21. Trucking: Certified Safety Supervisor (CSS) granted by the North American Transportation Management Institute (NATMI).

22. Healthcare: Certified Healthcare Safety Professional (CHSP) granted by the International Board for Certification Services and Management (IBFCSM).

23. Construction: Construction Health and Safety Technician (CHST) granted by the Board of Certified Safety Professionals (BCSP).

24. Treecare: Certified Treecare Safety Professional (CTSP) granted by the Tree Care Industry Association, Inc.

25. Construction: Safety Trained Supervisor Construction (STSC) granted by the Board of Certified Safety Professionals (BCSP).

26. Hazardous Materials: Certified Hazardous Materials Manager (CHMM) granted by the Institute of Hazardous Materials Management (IHMM).

27. Hazardous Materials: Certified Dangerous Goods Trainer (CDGT) granted by the Institute of Hazardous Materials Management (IHMM).

Those who hold an industry specific qualification are only permitted to provide accident and illness prevention services within the designated industry.

In-Service Status: A person who is currently employed by an insurer, individual self-insured employer, or group self-insurance fund who provides Accident & Illness Prevention Services and who ***does not*** currently possess any Bureau recognized qualifications shall have five (5) years to meet one or more of the qualifications in order to continue to provide Accident & Illness Prevention Services for the current or subsequent insurer, self-insured employer, or group self-insurance fund. Individuals granted In-Service status are required to be under the direction of a service provider currently holding a recognized qualification during the five (5) year period in which a recognized credential is being earned. After that five (5) year period, any individual who has not obtained a recognized qualification and submitted acceptable proof to the Bureau ***will not be permitted*** to provide Accident & Illness Prevention Services for the current or any subsequent insurer, self-insured employer, or group self-insurance fund until a recognized qualification is obtained.

New requests for In-Service Status must include their full name (to include full middle name/middle initial if applicable), and the date they began providing Accident & Illness Prevention Services.

(over)

ITEM 15:

a. Section is to be completed for new requests for In-Service Status. Provide the full and complete First Name, Middle Name and Last Name. Indicate if Service Provider is an employee or contracted. Enter the date when the service provider began providing Accident & Illness Prevention Services. (This date should be the date the individual began employment in the Accident & Illness Prevention Field.)

b. The activities of accident and illness prevention services providers for which in-service status is being requested shall be directed by a services provider who meets the requirements of a qualified accident and illness prevention services provider during the 5-year period in which a recognized credential is being earned and required experience is being obtained.

i. Complete the name of the recognized provider to provide tutelage to above-mentioned in-service provider.

ii. Indicate the qualification for the recognized provider by listing one of the above designation numbers. For example: a Certification as a Safety Professional would be "03.

NOTE: Signatory Information. *This report must be signed and dated. If filing paper report an original signature is required. Provide the first name, middle initial, last name, title and telephone number, of the person signing the report, and the date the report is signed.*

***The company or corporation assumes ultimate responsibility of the accuracy of responses contained herein*.**

***ALSO*: Since it may be necessary to clarify information reported, if the person responsible for completing this report is different from the person signing the report, the Contact Person Information section should be completed.**

Send the Completed Individual Insurer's
Accident & Illness Prevention Program Annual Report (LIBC-210I) to:

Pennsylvania Bureau of Workers' Compensation
Health & Safety Division
Audit & Report Processing Section
1171 South Cameron Street, Room 324
Harrisburg, PA 17104-2501
(717) 772-1636