

# INSTRUCTIONS FOR COMPLETING THE YEAR END ACCIDENT PREVENTION REPORT – K-ISH 28 (Rev. 06-24)

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- Section I**
- Item 1 Enter the company's NAIC number (Username), then the Accident Prevention ID number (password) shown at the top of the letter (email subject line) sent to each insurance company or for group-funded self-insurance plan. A specific AP ID number has been assigned to each since approximately 2006; it has not and will not change each year.
- Item 2 Indicate the name of the insurance company or group-funded self-insurance plan that is assuming direct liability on the contract/certificate for workers compensation contracts (policies)/certificates delivered or issued for delivery in this state, as filed with the Kansas Insurance Department
- Item 3 Address of insurance company or group-funded self-insurance plan on which this report is being filed.
- Item 4 List name, title, phone number and email address of person who is responsible for completion of report.
- Section II**
- Item 1 Check appropriate box indicating whether insurance company or group-funded self-insurance plan provided workers compensation insurance to policyholders with Kansas exposures. If you check **NO**, you will be directed to Section IV to answer **YES** or **NO**. After you have checked one of the two boxes you will then be directed to the Affirmation section to complete the form. If you check **YES**, you must complete each section of the report form.
- Section III**
- Item 1 Total amount spent on accident prevention services, including all accident prevention services, travel, materials, salaries, contracted services, etc. Do not include underwriting visits to policyholder's premises unless accident prevention services were provided during the visit. In this case, pro-rate the services accordingly. Enter only whole numbers.
- Section IV**
- Item 1 Even if a policyholder has not requested a service, this section **must** be filled out. The statute states; **"Each insurance company or group-funded self-insurance plan providing workers compensation insurance coverage in Kansas shall maintain and shall provide accident prevention programs upon request of the covered employer as a prerequisite for authority to provide such insurance or coverage....The insurance company or group-funded self-insurance plan may employ qualified personnel, retain qualified independent contractors, contract with the policyholder to provide qualified accident prevention personnel and services, or use a combination of such methods to fulfill the obligations imposed by this section. Accident prevention personnel shall have the qualifications required for field safety representatives."** We want to ensure that **if** a service is provided, the person or persons providing the service, whether as a company employee, third party or the policyholder, is qualified. NOTE: You cannot Edit or Delete entries or leave blank lines. Contact [KDOL.WCAccidentPrevention@ks.gov](mailto:KDOL.WCAccidentPrevention@ks.gov) to avoid an error message when submitting.

After entering the name of the individual provider and their affiliation, select **one** of the items which qualifies the listed field safety representative.

#1 - A college graduate who has a bachelor's degree in science, industrial hygiene, safety or loss control, or engineering.

#2 - A registered professional engineer.

#3 - A certified safety professional, who has attained the designation from the board of certified safety professionals.

#4 - A certified industrial hygienist, who has attained the designation from the American board of industrial hygiene.

#5 - An individual with five years of experience in occupational safety and health.

#6 - A person who is working under direct supervision of a person who meets the qualification requirements of this section.

#7 - A person who has attained the designation of associate in loss control management or associate in risk management from the insurance institute of America, who has attained the designation of occupational safety and health technologist from the board of certified safety professionals, or who has attained any other comparable designation or certification by a recognized organization as determined by the secretary of labor.

#8 - An individual who has completed a certified training program in accident prevention services approved by the Secretary of Labor.

If item #8 is used, provide documentation showing approval from the Secretary of the Department of Labor. If none of the qualifiers are applicable, contact the Accident Prevention Administrator at (785) 296-4000, ext. 7360 or email [KDOL.WCAccidentPrevention@ks.gov](mailto:KDOL.WCAccidentPrevention@ks.gov). For multiple entries, fill in the name, affiliation, and qualifications of each individual and click the *Enter or Add Name/Affiliation* on the bottom after each entry. Entries that have been successfully added will be displayed in a list below the *Enter or Add Name/Affiliation* button. **You must complete Section V before clicking Enter or Add Name/Affiliation.**

- Section V**
- Column 1 Breakdown of policy premiums according to K.S.A. 44-5,104 (d)(5). Enter only whole numbers (NO commas, decimal points, dollar signs/symbols).
- Column 2 Number of policies or certificates issued during the fiscal year in each indicated premium category. Enter only whole numbers.
- Column 3 Number of visits requested and non-requested, where accident prevention services were provided to Kansas policyholders during the fiscal year in each indicated premium category. **(The total for visits under Section V and the total of items under Section VI should match.)** Enter only whole numbers.
- Column 4 Total amount of workers compensation premiums written during fiscal year on policies with exposures in Kansas after any adjustments or discounts are applied (experience modifiers, etc.) in each indicated premium category. Enter only whole numbers.
- Column 5 Total amount of money paid out on claims for the fiscal year in each indicated premium category. Enter only whole numbers.
- Section VI**
- Item 1 Check appropriate box indicating whether your insurance company or group-funded self-insurance plan maintains and provides upon request accident prevention services to policyholders with Kansas exposures. (This should always be yes.)

- Item 2 Total number of policyholder-requested on-site safety related inspections performed by qualified field safety representatives, either company or group employed or contracted, during the fiscal year in all indicated premium categories.
- Item 3 Total number of policyholder-requested on-site industrial hygiene and health related studies performed by qualified field safety representatives, either company or group employed or contracted, during the fiscal year in all indicated premium categories.
- Item 4 Total number of policyholder-requested on-site training programs or materials provided by the company or group to Kansas employers during the fiscal year in all indicated premium categories.
- Item 5 Total number of non-requested on-site company or group safety related inspections, industrial hygiene and health-related studies, and training programs or materials that were provided to Kansas employers during the fiscal year in all indicated premium categories.

**NOTE: The total amount in Section V, column 3 should match with the totals of Items 1, 2, 3, and 4 in Section VI.**

- Section VII** Item 1 **Using the link found in this section of the report, download the Excel spreadsheet to your computer and complete it. Please do not use an old copy of the spreadsheet. You must fill in your assigned Accident Prevention ID number and the name of the insurance company** or group-funded self-insurance plan as filed with the Kansas Insurance Department. You will have to **submit a separate Excel spreadsheet** for each company in your fleet or group. Once completed, go back to the K-ISH 28 form, hit the browse button and upload to the form by clicking the "Click Here to Upload File" button. Please upload only one Excel spreadsheet per APID. If you need to submit an amended Excel spreadsheet, please email [KDOL.WCAccidentPrevention@ks.gov](mailto:KDOL.WCAccidentPrevention@ks.gov). Uploading duplicates will cause error messages. The file cannot exceed 7MB in size and you cannot have the file open in Excel when you attempt to upload the file. Provide the following information for each policyholder that was issued a workers compensation insurance policy or certificate during the fiscal year of this report:
- a. Policyholder written premium for fiscal year.
  - b. **\*1** Indicate by using an **R** which policyholders **requested** accident prevention services and indicate by using an **N** which policyholders who were provided **non-requested** services from your company or group-funded self-insurance plan during the fiscal year (July 1 to June 30).
  - c. List employer's business name.
  - d. List address, city, state, and ZIP code of business.
  - e. **\*\*2** Total number of claims/injuries filed by the business during fiscal year.
  - f. Experience modifier applied to premium during fiscal year.

**(\*1) Total of AP requested/non-requested services in column (B) should match totals of Section VI - 1, 2, 3 and 4.**

**(\*\*2) Provide the number of claims/injuries filed during the fiscal year.**

- Section VIII**
- Item 1 Check appropriate box indicating whether third-party contractors were utilized in providing accident prevention services to policyholders requesting these services.
- Item 2 If **Yes** box was checked, provide the information using the drop-down form. (For multiple entries, each time you fill in the information for an independent or third-party contractor, enter your information into the form, click the *Enter or Add Contractor* button and repeat until completed.) Entries that have been successfully added will be displayed in a list below the *Enter or Add Contractor* button. **NOTE:** You cannot edit or delete entries or leave blank lines. Contact [KDOL.WCAccidentPrevention@ks.gov](mailto:KDOL.WCAccidentPrevention@ks.gov) to avoid an error message when submitting.
- Section IX**
- Item 1 Check appropriate box indicating affiliation with a group, consolidated group, or consolidated fleet.
- Item 2 If **Yes** box was checked, complete the information using the drop-down form. (For multiple entries, each time you fill in the information for a fleet, enter your information into the form, click the *Enter or Add Fleet* button and repeat until completed.) Entries that have been successfully added will be displayed in a list below the *Enter or Add Fleet* button. **NOTE:** You cannot edit or delete entries or leave blank lines. Contact [KDOL.WCAccidentPrevention@ks.gov](mailto:KDOL.WCAccidentPrevention@ks.gov) to avoid an error message when submitting.

**This form must include an electronic signature of an insurance company or group-funded self-insurance plan representative, their title, and the date. The form cannot be submitted until the policy holder list spreadsheet has been uploaded to Section VII. A confirmation screen that says "Thank you for complying with K.S.A. 44-5,104(d) by completing the Year-End Accident Prevention Report conducted by the Kansas Department of Labor Division of Workers Compensation" will be displayed if your submission was successful. If you don't get this confirmation screen, please email [KDOL.WCAccidentPrevention@ks.gov](mailto:KDOL.WCAccidentPrevention@ks.gov), including screen prints of any messages from the system.**

**The submission must be received by KDOL no later than August 31. Late submissions may be referred to the Commissioner of Insurance to consider assessment of administrative violations and penalty pursuant to K.S.A. 40-2,125. You may request an extension of time by emailing the KDOL accident prevention at [KDOL.WCAccidentPrevention@ks.gov](mailto:KDOL.WCAccidentPrevention@ks.gov).**