IMWCA Best Practices focuses on three key areas; underwriting guidelines, claims management and loss control measures. All three areas must meet the standard to qualify for Best Practices. In many cases IMWCA staff will be able to quantify compliance using data from underwriting annual audits, internal claims reports and loss runs, and compliance with loss control site visit reports and recommendations. To obtain certification status in the IMWCA Workers’ Compensation Best Practices program, it must be demonstrated that the applicant member has actively followed an approved loss prevention and loss control program for a period of at least twelve months. **Sample copies of documentation showing compliance with each of the following requirements marked by an asterisk (*) must accompany the Request for Certification.**

1. **Underwriting:**
   a. Prompt payment of premiums (IMWCA will verify internally with accounting).
   b. Payroll and audit information provided to meet renewal timeline (IMWCA will verify internally with underwriting).
   c. Documentation supporting independent contractors’ proof of insurance including workers’ compensation (IMWCA will ask for this during the on-site evaluation, if appropriate).
   d. Documentation supporting the member is following interchange of labor rules (IMWCA will verify with the annual audit information).
   NOTE: IMWCA will verify this information internally. Members do not need to provide documentation supporting the underwriting criteria.

2. **Claims:**
   a. All claims reported within one working day through Company Nurse.
   *b. Designated physician program to include written policy statement and signed employee acknowledgement (IMWCA will verify claims using designated physician).
   c. Pre-screening new or potential employees including part-time and seasonal to include record of pre-placement physicals with fit-for-duty testing when appropriate for the position. This includes volunteer fire fighters; EMT’s and reserve peace officers.
   *d. Written job descriptions for each position to include a safety component. (One or two samples is adequate)
   e. Documentation of modified duty assignments or of efforts to accommodate modified duty/return-to-work.
   f. Written policies and procedures addressing claims reporting and claims management (signed and dated copy–IMWCA will verify with claims).
   g. Member communicates with the IMWCA claims department.
3. **Loss Control:**

   *a.* Formal declaration of an organization-wide safety and loss control policy (signed and dated copy).

   *b.* Written safety programs addressing the specific requirements and exposures of the organization.

   (1) Documentation of employees’ safety awareness training including specific training such as HAZMAT, LOTO, confined space, etc. (signed and dated verification).

   b. Documentation of an active safety committee representative of the organization (organization chart, member roster, monthly meeting minutes, etc.).

   c. Ongoing safety meetings held for all employees and attendance (employee sign-off) recorded.

   *d.* Documentation of accident/incident investigations including corrective/preventative actions taken. (One or two samples is adequate)

   e. Documentation of ongoing safety audits/inspections.

   *f.* Documentation of mandatory seat belt policy.

   *g.* Documentation of volunteer fire fighter criteria, if applicable.

**NOTE:** An on-site evaluation of the employer’s Best Practices program will be conducted.

By signing this request, the contact person affirms that all above requirements have been met.

Signature of Contact Person ___________________________ Date of Signature ______

Type or Print Name of Contact Person ___________________________ Date of Signature ______

Contact Person’s Telephone Number ___________________ Fax Number __________________

**PLEASE RETURN THE COMPLETED FORM CONTAINING THE ORIGINAL SIGNATURE OF THE CONTACT PERSON. ATTACH ALL REQUIRED DOCUMENTATION.**

IMWCA
Loss Control Coordinator
500 SW 7th Street, Suite 101
Des Moines, IA 50309-4506

**DOCUMENTATION:**

A brief narrative may accompany the Request for Certification form. The description shall be no more than one page and include the following:

1. An explanation of the member’s Best Practices program highlighting any significant accomplishments.
2. Any unique employee exposures that may result in a workers’ compensation claim and how they are controlled.
3. A description of management and employee involvement in controlling losses and any continuous improvement effort.