

Texas Apartment Association Endorsed
Workers Compensation Program
underwritten by Texas Mutual

Multifamily Program Application

SECTION 1 GENERAL INFORMATION

Property Name: _____	Legal Entity Name: _____
Location Street Address: _____	Location City: _____
Location State: _____	Location Zip: _____
Location County: _____	Mgmt Company: _____
Client Contact Person: _____	Phone Number: _____
Contact Mail Address: _____	Contact City: _____
Contact State: _____	Contact Zip: _____
Contact Email Address: _____	FEIN: _____
Number of Years in Business: _____	Entity Type: _____

SECTION 2 WORKERS COMPENSATION INFORMATION

Class Code	Number of Employees	Indicate Full or Part Time	Estimated Annual Payroll
9032	Apartment House Operation		
8810	Clerical Office Employees NOC		
8742	Salesperson, Collections or Messenger		

Prior Carrier: _____

Indicate Any Claims in Past 5 years:
If Coverage in force, please attach loss runs _____

Officers/Individuals Include or Exclude

Name	Title/Relationship	DOB	Included or Excluded	% Ownership	Class

Endorsed By:



Underwritten By:



Other Services Available:

Property
General Liability
Umbrella
Renters Legal Liability
Professional Liability
Crime
D&O
Flood
EPLI
401(k)
Auto
PEO
Payroll Services
Boiler Machinery
National HealthCare Compliance & Benefits