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 State: Location County: Mgmt Company: Phone Number: Contact Person: Ontact Mail Address: Contact State: Contact State: Contact State: Contact State: FEIN: SECTION 2 WORKERS COMPENSATION INFORMATION SECTION 2 WORKERS COMPENSATION INFORMATION Class Code Number of Employees Ballo Clerical Office Employees NOC 8742 Salesperson, Collections or Messenger Indicate Any Claims in Past 5 years: If Coverage in furce, please effect for Strus Officers/Individuals Include or Exclude Included or Exclude Name Title/Relationship DOB Excluded % Ownership Collections or Collections o							
Location State: Location County: Mgmt Company: lient Contact Person: Phone Number: Contact Mall Address: Contact State: Contact Zip: Indicate Famil Address: SECTION 2 WORKERS COMPENSATION INFORMATION Class Code Entity Type: SECTION 2 WORKERS COMPENSATION INFORMATION Number of Employees Part Time Estimated Annual Payroli 8810 Clerical Office Employees NOC 8742 Salesperson, Collections or Messenger Indicate Any Claims in Past 5 years: If Coverage in force, please attach loss runs Officers/Individuals Include or Exclude Included or	Property Name:			Legal Entity Name:			
Location County: Mgmt Company:	ocation Street Address:			Location City:			
Ident Contact Person: Phone Number:	Location State:			Location Zip:			
Contact City: Contact State: Contact State: Contact State: Contact Zip: Intact Email Address: FEIN: 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 Indicate Any Claims in Past 5 years: ### Coverage in force, please attach lisss runs Officers/Individuals Include or Exclude Included or	Location County:			Mgmt Company:			
Contact City: Contact State: Contact State: Contact State: Contact Zip: Intact Email Address: FEIN: 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 Indicate Any Claims in Past 5 years: ### Coverage in force, please attach lisss runs Officers/Individuals Include or Exclude Included or	Client Contact Person:			Phone Number:			
SECTION 2 WORKERS COMPENSATION INFORMATION Class Code Number of Employees Indicate Full or Part Time Estimated Annual Payroll	Contact Mail Address:						
SECTION 2 WORKERS COMPENSATION INFORMATION Class Code Number of Employees Indicate Full or Part Time Estimated Annual Payroll	Contact State:			Contact Zip:			
SECTION 2 WORKERS COMPENSATION INFORMATION Number of Employees Indicate Full or Part Time Estimated Annual Payroll	Contact Email Address:			FEIN:			
Class Code Number of Employees Indicate Full or Part Time	er of Years in Business:			Entity Type:			
Class Code Number of Employees Indicate Full or Part Time							
Class Code Employees 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 Included or		SEC	TION 2 WORKERS	COMPENSATIO	N INFORMAT	TON	
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 Included or	Class Code					Estimated Annual	l Pavroll
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 Included or		Apartment	House Operation	Linployees	Part Time	Estillateu Allituai	Payron
Prior Carrier: Indicate Any Claims in Past 5 years: If Coverage in force, please attach loss runs Officers/Individuals Include or Exclude Included or	8810		Clerical Office Employees NOC				
Indicate Any Claims in Past 5 years: If Coverage in force, please attach loss runs Officers/Individuals Include or Exclude Included or	8742	Salesperson, Co	Salesperson, Collections or Messenger				
Indicate Any Claims in Past 5 years: If Coverage in force, please attach loss runs Officers/Individuals Include or Exclude Included or							
Indicate Any Claims in Past 5 years: If Coverage in force, please attach loss runs Officers/Individuals Include or Exclude Included or		Dries Corrier		1			
Officers/Individuals Include or Exclude Included or	Indicate Any Cla						
Included or							
Included or			Officers/India	riduala Inaluda er E	Voludo		
Name Title/Relationship DOB Excluded % Ownership Cl			Officers/indiv	riduals include of E			
	Na	me	Title/Relationship	DOB	Excluded	% Ownership	Cla
	Endorsed By:				Underwritten By:		
Endorsed By: Underwritten By:		A. A.			777		46
Endorsed By: Underwritten By:					Jexa	SMutu	alï
Endorsed By: Underwritten By: Texas Mutual®	TEXAS APARTMEN	NT ASSOCIATION			-	Insurance Com	7011Y

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 HeathCare Compliance & Benefits