TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION
7551 Metro Center Drive, Suite 100
Austin, Texas 78744

If you are not certain whether all parties meet the requirements for entering into this agreement, you may wish to consult an attorney.

CHECK ☐ BOX OF STATEMENT THAT APPLIES

☐ AGREEMENT BETWEEN MOTOR CARRIER AND OWNER OPERATOR TO PROVIDE WORKERS' COMPENSATION INSURANCE COVERAGE

Notice of Declaration

The undersigned Motor Carrier and the undersigned Owner Operator agree that the Motor Carrier will provide workers' compensation insurance coverage to the Owner Operator and the Owner Operator's employees. The Motor Carrier ☐ will deduct ☐ will not deduct the actual premiums, based on payroll, that are paid or incurred by the Motor Carrier for coverage from the contract price or any other amount owed to the Owner Operator by the Motor Carrier.

TERM (DATES) OF AGREEMENT: FROM: _____

TO: _____

ESTIMATED NUMBER OF WORKERS AFFECTED: _____

☐ AGREEMENT TO REQUIRE OWNER OPERATOR TO ACT AS EMPLOYER

Notice of Agreement

The undersigned Motor Carrier and the undersigned Owner Operator agree that the Owner Operator assumes the responsibilities of an employer for the performance of work.

TERM (DATES) OF AGREEMENT: FROM: _____

TO: _____

ESTIMATED NUMBER OF WORKERS AFFECTED: _____

THIS AGREEMENT SHALL TAKE EFFECT NO SOONER THAN THE DATE IT IS SIGNED.

MOTOR CARRIER'S AFFIRMATION

If the Motor Carrier's workers' compensation carrier changes during the effective period of coverage, it is advisable for the Motor Carrier to file this form with the new insurance carrier.

Federal Tax I.D. Number

Signature of Motor Carrier | Date | Address (Street)

Printed Name of Motor Carrier | Address (City, State, Zip)

OWNER OPERATOR'S AFFIRMATION

Federal Tax I.D. Number

Signature of Motor Owner Operator | Date | Address (Street)

Printed Name of Owner Operator | Address (City, State, Zip)

Four copies of this form must be completed: This agreement must be filed by the Motor Carrier with both the Texas Department of Insurance, Division of Workers' Compensation in Austin and the workers' compensation insurance carrier of the Motor Carrier within 10 days of the date of execution. The original must be filed with the Division. The agreement must be filed by PERSONAL DELIVERY OR REGISTERED OR CERTIFIED MAIL. Both the Motor Carrier and the Owner Operator must also retain a copy of the agreement.

Division Date Stamp Here