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.

AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR TO PROVIDE WORKERS' COMPENSATION INSURANCE

		Notice of Agreement	
workers' compensation insurance covera	ge from the Subcontractor's contra r of the Subcontractor and the Su	ract price and that, for the purpose of pubcontractor's employees. This agreen	or \square will withhold \square will not withhold the cost of roviding workers' compensation insurance coverage, the ment makes the General Contractor the employer of the and for no other purpose.
TERM (Da	ATES) OF AGREEMENT:	FROM:	
		TO:	
LOCATION OF EACH AFFECTED JO	B SITE (OR STATE WHETHER		
ESTIM	ATED NUMBER OF EMPLOY	TEES AFFECTED:	_
THIS AGREEMENT SHALL TAKE EF	FECT NO SOONER THAN TH	E DATE IT IS SIGNED.	
If the General Contractor's workers' c during the effective period of coverage to file this form with the new insuranc Signature of General Contractor	, it is advisable for the General	Contractor Address (Street)	Federal Tax I.D. Number
Printed Name of General Contractor		Address (City, State, Zip)	
	Subcontracto	or's Affirmation	
			Federal Tax I.D. Number
Signature of Subcontractor	Date	Address (Street)	
Printed Name of Subcontractor		Address (City, State, Zip)	
Workers' Compensation and the workers	s' compensation insurance carrie be filed by PERSONAL DELIVE	r of the General Contractor within 10 d ERY OR REGISTERED OR CERTIFIE	both the Texas Department of Insurance, Division of lays of the date of execution. The original must be filed ED MAIL. Failure to file this agreement may result in a second
			Division Date Stamp Here

