

Preferred Method of Communication and Agency Administrator Form

Please complete the applicable sections below to (1) amend your agency's preferred method of communication and/or (2) add an agency administrator to your Texas Mutual Online account. Your signature is also required. Email completed document to agents@texasmutual.com.

Agency Code: _____

(1) PREFERRED METHOD OF COMMUNICATION

Complete this portion of the form to update your preferred method of communication to receive policy documents including quotes, cancellation notices, declination letters and general agency correspondence.

EMAIL* - I want policy documents and general agency correspondence emailed to: _____

FAX - I want policy documents and general agency correspondence faxed to: _____

MAIL - I want policy documents and general agency correspondence mailed to: _____

*By selecting email as your delivery preference for the documents above, you consent for Texas Mutual to deliver those documents electronically in the future. You may request a paper copy of an emailed document by calling (800) 859-5995 during business hours. You may change your document delivery preferences (delivery method or email address) using this form. In order to view emailed documents, you will need internet access, Adobe Reader and a compatible browser.

(2) ONLINE AGENCY ADMINISTRATOR

Please designate an administrator to manage all of the agency's Texas Mutual Online accounts and delivery preference of select documents.

An agency administrator can:

- Create new user accounts
- Remove user accounts
- Reset passwords
- Change user contact information
- Change user access privileges
- Manage document delivery
- Review account maintenance activities via online reports

Administrator Name: _____

Title: _____ Phone: _____

Email: _____

We will notify the administrator by email once their access is set up.

SIGNATURE VERIFICATION

By signing below, you confirm that you are a principal or authorized party of the agency indicated on this application.

Print Name: _____

Signature: _____

Title: _____

Date: _____

For Texas Mutual Use Only Agency Code: _____ Region: _____

(800) 859-5995
texasmutual.com



TexasMutual[®]
WORKERS' COMPENSATION INSURANCE
WORK SAFE, TEXAS[®]

2200 Aldrich St.
Austin, TX 78723
P.O. Box 12058