**Supplemental application for coverage**

Owners and family members working on a farm or ranch

Owners and family members working on a farm or ranch must elect coverage in order to be covered under workers’ compensation.

Please provide the names of **owners and family members working on a farm or ranch** below and whether you would like them to be **included or excluded in your policy**. Family is defined as persons related within the third degree by blood relationship or marriage.

|  |  |  |  |
| --- | --- | --- | --- |
| Owner/family member name | Relationship | Work duties/class code | Include or exclude in coverage |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

*(NOTE: If no response is received, it is assumed that no owners or family members have elected coverage under the Workers’ Compensation Act.)*

Quote/policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Named insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please email form to **underwriting@texasmutual.com** or fax to **(800) 359-0650**.

Thank you for taking the time to review this information. If you have any questions, please call (800) 859-5995.

Sincerely,

Texas Mutual