

**Professional Employer Organization (PEO)
Notice of Client-Maintained Coverage Form**

Completion of this form is intended to give notice to Texas Mutual that the following client has agreed to maintain workers' compensation coverage for all "covered employees" under the PEO Service Agreement. Underwriting must review the details of each client of a PEO.

PEO name: _____ Policy number: _____

Client name: _____ Location code: _____

Client physical address: _____ Client FEIN: _____

Contract date: _____

Workers' compensation carrier: _____

Policy number: _____

Policy period dates: _____

Please attach:

- Certificate of insurance for the above-referenced policy
- Copy of 30-day Notice of Material Change in favor of Texas Mutual on above-referenced policy
- Copy of 15-day notice to "covered employee" required per Professional Employer Organizations Act

Completed by: _____ Date: _____

This form must be completed and submitted to Texas Mutual Insurance Company no later than 10 days before agreement's effective date. Please fax to "Attn: Underwriting" at (800) 359-0650.