



Temp Employee Data Worksheet & Client List

Policyholder's name:

Policy/quote no.

Instructions: In order to help us maintain the accuracy of our policy data, please complete this form and return it as soon as possible. Thank you for your assistance.

TEMPORARY SERVICE BRANCH OFFICES

Please complete one row for each branch office. Number of employees should be permanent staff located in that branch office.

Physical address (no P.O. boxes)	City	State & ZIP Code	Building height (no. Of stories)	No. Of employees by location	No. Of work Shifts	Max no. Of employees per shift
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

CLIENT COMPANIES OF TEMPORARY SERVICE

Total number of temporary staff employees: _____

Client Company Name	Zip Code	Number of Employees	Description of Operations
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Are there any special events during the year that would place more than 50 people at one time at one of the locations listed above, such as conventions, holiday parties, etc.? **Yes No (circle one)**

If yes, please explain: _____

Name of person completing form: _____ Date: _____

Company name: _____ Policyholder Agent

Please fax or mail completed form to:
Texas Mutual Insurance Company
P.O. Box 12058
Austin, TX 78711-2058
Fax: (800) 359-0650