



**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**