

WELCOME

Thanks for your interest in Texas Mutual Insurance Company. We look forward to having you join our agent network. We value our agent partners who contribute to our success and help us serve businesses across the state.

In order to do business with us, you'll need to complete the following requirements:

- Provide a W9 (attached is a blank copy if needed).
- Complete the agency profile (attached).
- Provide us with a copy of your Texas or Texas non-resident agency license. Please note that the name on the license must match the name of the agency.

You have four options for sending us your agency setup information:

EMAIL

agents@texasmutual.com

FAX

(512) 224-6790

OVERNIGHT DELIVERY

Texas Mutual Insurance Company
2200 Aldrich St.
Austin, TX 78723-3474

MAIL

Texas Mutual Insurance Company
P.O. Box 12058
Austin, TX 78711-2058

Once we have received all of the required information, please allow two to three business days for processing. We will notify you of your assigned agency code and provide you more information about how to do business with us.

If you have any questions, please call our Information Service Center at (800) 859-5995 or visit us at texasmutual.com.



2200 Aldrich St. | Austin, TX 78723 | (800) 859-5995 | texasmutual.com

TEXAS MUTUAL AGENCY PROFILE

Please complete all sections of this form as part of the agent setup process. Return with your W9 and Texas or Texas non-resident agency license to:

 agents@texasmutual.com

GENERAL INFORMATION

Agency Name			
Physical Address			
City	State	ZIP	
Mailing Address (if different)			
City	State	ZIP	
Office Phone Number	Fax Number		
Primary Contact	Email		
Accounting Contact	Email		
Agency License Number	Agency Website		
IIAT Member? (Y/N)	Yes	No	Local Chapter
Agency Management System			

AGENCY INFORMATION

Total number of agency personnel: _____ Total number of agency locations: _____

Part of an Alliance/Group? _____ If so, specify the Alliance/Group name: _____

Please describe your niche or targeted industry focus: _____

AGENCY PREMIUM VOLUME

Personal Lines	Commercial Lines	Life & Health
\$	\$	\$

TOP 3 PROPERTY & CASUALTY CARRIERS

Carrier	Premium Volume	Workers' Comp Premium
	\$	\$
	\$	\$
	\$	\$

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 Preferred Method of Communication and Agency Administrator Form. In order to view emailed documents, you will need internet access, Adobe Reader and a compatible browser.

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.

APPLICATION 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: _____

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texasmutual.com



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

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