



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

(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