



## Domestic employee questionnaire

In order to ensure the accuracy of our policy data, please complete this form and return it as soon as possible.

Applicant name: \_\_\_\_\_

Policy/quote number: \_\_\_\_\_

Please list each domestic worker. You can make additional copies of this form if needed.

Name of domestic worker	Number of hours worked per week	Work duties	Employment period (Example: 1/1/2019- 2/1/2019)	Room and board provided? (Y/N)

Total number of domestic workers: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Company name: \_\_\_\_\_

Please email completed form to **underwriting@texasmutual.com** or fax to **(800) 359-0650**.