TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION 7551 Metro Center Drive, Suite 100 Austin, Texas 78744

If you are not certain whether all parties meet the requirements for entering into this agreement, you may wish to consult an attorney.

AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR TO PROVIDE WORKERS' COMPENSATION INSURANCE

Notice of Agreement

workers' compensation insurance coverage General Contractor will be the employer	e from the Subcontractor's cont of the Subcontractor and the S	ract price and that, for the purpose of prov	Ewill withhold
TERM (DA	TES) OF AGREEMENT:	FROM:	
LOCATION OF EACH AFFECTED JOB	SITE (OR STATE WHETHER	R THIS IS A BLANKET AGREEMENT):	
ESTIMA	TED NUMBER OF EMPLOY	YEES AFFECTED:	-
THIS AGREEMENT SHALL TAKE EFF Texas Labor Code, Texas Workers' Comp		E DATE IT IS SIGNED.	
	General 9	Contractor's Affirmation	
If the General Contractor's workers' colduring the effective period of coverage, to file this form with the new insurance	it is advisable for the General	Contractor	Federal Tax I.D. Number
Signature of General Contractor	Date	Address (Street)	
Printed Name of General Contractor	<u> </u>	Address (City, State, Zip)	
	Subcontracto	or's Affirmation	
			Federal Tax I.D. Number
Signature of Subcontractor	Date	Address (Street)	·
Printed Name of Subcontractor		Address (City, State, Zip)	
carrier and the Division within 10 days of	f the date of execution. If the eement is not considered filed	General Contractor is certified self-insure	eneral contractor's workers' compensation insurance ed, a copy should be filed with the Division's Selfbe accomplished by mail or facsimile transmission.
1	inn (1 nn 1 1 n 1 1 n 1 n 1 n 11 n	TH 13 40 of 110 11 of 41 of 110 of 111 of 111	Division Date Stamp Here