

**Supplemental Employee Data Worksheet**

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. Use one row for each physical business location, and make additional copies if you have

more than 10 locations.

Thank you for your assistance.

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**

2/1/17

**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.**