



PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Agreement between general contractor and subcontractor to provide workers' compensation insurance

Este formulario está disponible en español en el sitio web de la División en

www.tdi.texas.gov/forms/form20numeric.html.

Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1. Agreement

1. Type of agreement <input type="checkbox"/> Blanket agreement <input type="checkbox"/> Job-site specific agreement	2. Estimated number of employees affected
3. Agreement start date (mm/dd/yyyy)	4. Agreement end date (mm/dd/yyyy)
Location of job sites covered under agreement	
5. Address (street or PO box, city, state, ZIP code)	
6. Address (street or PO box, city, state, ZIP code)	
7. Address (street or PO box, city, state, ZIP code)	

Attach a sheet with additional locations if needed.

Part 2. The general contractor must complete this part.

8. General contractor name	9. Federal tax ID number
10. Address (street or PO box, city, state, ZIP code)	11. Email
12. General contractor's affirmation I am the employer for the subcontractor and the subcontractor's employees for the purpose of providing workers' compensation insurance coverage, and no other purpose. I will <input type="checkbox"/> withhold <input type="checkbox"/> not withhold the cost of workers' compensation insurance coverage from the subcontractor's contract price.	
13. Signature of general contractor	14. Date of signature (mm/dd/yyyy)

Part 3. The subcontractor must complete this section.

15. Subcontractor name	16. Federal tax ID number
17. Address (street or PO box, city, state, ZIP code)	18. Email
19. Subcontractor's affirmation I agree the general contractor is the employer for myself and my employees for the purpose of providing workers' compensation insurance coverage, and no other purpose.	
20. Signature of subcontractor	21. Date of signature (mm/dd/yyyy)

FAQ

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Who may use this agreement?

Texas Labor Code Section 406.123 allows some general contractors and subcontractors to agree on who will provide workers' compensation insurance coverage to the subcontractor and the employees of the subcontractor.

How do I know if I should sign this agreement?

You may want to talk to an attorney if you are not sure if all parties meet the requirements to enter into this agreement.

When does the agreement take effect?

The agreement takes effect the date both parties have signed it or on the start date of the agreement, whichever is later.

Where should I send this agreement?

The general contractor must file a legible and complete copy of this agreement with their workers' compensation insurance carrier within 10 days after signing the agreement. The general contractor must keep the original. The subcontractor should also keep a copy. If the general contractor changes workers' compensation insurance carriers during the effective dates of the agreement, the general contractor should file this form with their new insurance carrier.

Only send a copy of the signed form to the Texas Department of Insurance, Division of Workers' Compensation (DWC) if the general contractor is a certified self-insured employer.

- **Fax:** 512-804-4775
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation
Certified Self-Insurance, Mail Code: MS-60
PO Box 12050
Austin, TX 78711-2050
- **Personal delivery to a DWC office:** find DWC office locations at www.tdi.texas.gov/wc or call 800-252-7031.

Note: With few exceptions, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.