

Volunteer Emergency Service Organization

SUPPLEMENTAL APPLICATION

The information provided on this form will be used to establish payroll estimates for the referenced policy/quote. Final premium will be determined during a final audit in accordance with the policy terms.

Please sign the completed form and email it to underwriting@texasmutual.com or fax it to (800) 359-0650.

Department name: _____

Policy/Quote number: _____ **Policy term:** _____

Please provide a list of all active volunteer members, as defined by Texas Labor Code Sec. 406.098(b)(2), the expected number of hours they will volunteer this year and any anticipated stipends.

For **Volunteer hours**, enter the **expected total of volunteer hours** in support of the emergency service organization's operation. Examples include but are not limited to:

- Emergency calls
- Fundraising events
- Training
- Department meetings
- Maintenance and janitorial
- Time spent at the station

Volunteer name	Volunteer hours	Stipends (if applicable)
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Volunteer name	Volunteer hours	Stipends (if applicable)
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Applicant signature: _____

Title: _____

Print name: _____

Date: _____

(800) 859-5995
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TexasMutual
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