



# STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

## Workers' Compensation Change Request

Request date \_\_\_/\_\_\_/\_\_\_ From: \_\_\_\_\_ Call back phone \_\_\_-\_\_\_-\_\_\_

Insured (Company Name) \_\_\_\_\_

### Add/Change Classifications:

Effective Date \_\_\_/\_\_\_/\_\_\_

Class Code \_\_\_\_\_ Number of Employees \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_

Description of Operation for Class Code \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Are you hiring employees in a state other than Texas? Y N

If yes please list states \_\_\_\_\_

### Delete Classifications:

Effective Date \_\_\_/\_\_\_/\_\_\_

Class Code \_\_\_\_\_ Number of Employees \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_

Description of Operation for Class Code \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Are you hiring employees in a state other than Texas? Y N

If yes please list states \_\_\_\_\_

If you have any questions regarding classification please call 972-625-9777

Coverage is subject to Final Audit at expiration of policy. Generally there is no need to delete operations or payrolls midterm.

**FAX TO 972-625-9778**