



## Request to Transfer an Account to the NFIB/Texas Safety Group

DATE: \_\_\_\_\_

TO: NFIB/TEXAS FUND<sub>SM</sub> WORKERS' COMP SAFETY GROUPS

FAX: 1-800-359-0650

FROM:

Agency	
Agency code	
Contact	
Address	
City, State, Zip	
Telephone	( ) - FAX ( ) -

Request to transfer the following State Fund insured to the NFIB/Texas Safety Group (at renewal date) for (circle one) :    **CONSTRUCTION**        **WHOLESALE/RETAIL**

**CLIENT:**

Policy Number	
Member name	
Contact (if not the same)	
Address	
City, State, Zip	
Telephone	( ) - FAX ( ) -
Company name	

Request for quote for a client not currently insured with State Fund, ACORD application attached.

### NFIB MEMBERSHIP STATUS

Existing member

Member number \_\_\_\_\_

I don't know my member number. Could you look it up for me?

Will join NFIB if Safety Group proposal is accepted.