



Locations of Employer's Business(es)
Addendum to DWC Form-005 or DWC Form-020
Type or print in black ink

Check the appropriate box:

- Addendum to DWC Form-005 *Employer Notice of No Coverage or Termination of Coverage*
- Addendum to DWC Form-020 *Insurance Carrier Notice of Coverage or Cancellation/Non-renewal of Coverage*

I. PRIMARY EMPLOYER INFORMATION

Primary Employer's Business Name	Federal Employer ID Number
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II. ADDITIONAL BUSINESS LOCATIONS

Use this section to add or delete coverage for locations, subsidiaries, and/or separate entities of the primary employer.	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
Name	Federal Employer ID Number
Address (Street or PO Box, City State Zip)	
Check One: <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Effective Date
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Address (Street or PO Box, City State Zip)	

Note: With few exceptions, on your request, 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 refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorpcr.html