



Agreement between motor carrier and owner operator to provide workers' compensation insurance

Agreement to require owner operator to act as employer

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. Agreements

Check only one:

Agreement between motor carrier and owner operator to provide workers' compensation insurance

1. Agreement start date (mm/dd/yyyy)

2. Agreement end date (mm/dd/yyyy)

3. Estimated number of employees affected

Agreement to require owner operator to act as employer

4. Agreement start date (mm/dd/yyyy)

5. Agreement end date (mm/dd/yyyy)

6. Estimated number of employees affected

Part 2. The motor carrier must complete this part.

7. Motor carrier name

8. Federal tax ID number

9. Address (street or PO box, city, state, ZIP code)

10. Email

11. Motor carrier's affirmation

Check only one:

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I agree that the motor carrier will provide workers' compensation insurance coverage to the owner operator and the owner operator's employees.

I will **deduct** **not deduct** the actual premiums, based on payroll, that I incur or pay for coverage from the contract price or any other amount I owe the owner operator.

I agree that I assume the responsibilities of an employer for the performance of work.

<input type="checkbox"/>	<p>Agreement to require owner operator to act as employer</p> <p>I agree that the owner operator will act as the employer and assumes the responsibilities of an employer for the performance of work. I will not provide workers' compensation insurance coverage to the owner operator.</p>
12. Signature of motor carrier	13. Date of signature (mm/dd/yyyy)

Part 3. The owner operator must complete this part.

14. Owner operator name	15. Federal tax ID number
16. Address (street or PO box, city, state, ZIP code)	17. Email
<p>18. Owner operator's affirmation</p> <p>Check only one:</p>	
<input type="checkbox"/>	<p>Agreement between motor carrier and owner operator to provide workers' compensation insurance</p> <p>I agree that the motor carrier assumes the responsibilities of an employer for the performance of work and will provide workers' compensation insurance to me.</p>
<input type="checkbox"/>	<p>Agreement to require owner operator to act as employer</p> <p>I agree that I will act as the employer and assume the responsibilities of an employer for the performance of work. The motor carrier will not provide me workers' compensation insurance coverage.</p>
19. Signature of owner operator	20. Date of signature (mm/dd/yyyy)

FAQ

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Who may use this agreement?

Texas Labor Code Section 406.122 allows motor carriers and owner operators to agree whether the owner operator is an employee of the motor carrier for the purposes of workers' compensation insurance coverage.

Texas Labor Code Section 406.123 allows motor carriers and owner operators to agree on who will provide workers' compensation insurance coverage to the subcontractor and the employees of the subcontractor.

You can choose to agree if the owner operator is an employee of the motor carrier for the purposes of workers' compensation insurance coverage or motor carriers and owner operators 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 these agreements.

When does the agreement take effect?

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

Where should I send this agreement?

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

Do not send a copy to the Texas Department of Insurance, Division of Workers' Compensation (DWC).

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 refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.