

## Workers' Compensation and Employer's Liability Policy

## Extension of Information Page

### Item 1: Locations

Agent copy

**Policy number** 0002023142  
**Issue date** 11/5/21  
**Policy period** 11/6/21 to 11/6/22

Location	Address	Effective	Expires
00001	527 COUNTY ROAD 142 CAMERON, TX 76520-4664	11/6/21	11/6/22

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.  
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)  
This endorsement, effective on 11/6/21 at 12:01 a.m. standard time, forms a part of:

Policy no. 0002023142 of Texas Mutual Insurance Company effective on 11/6/21

Issued to: BARBARA DOMINGUEZ

This is not a bill

NCCI Carrier Code: 29939



Authorized representative

11/5/21