

# CONFIDENTIAL

## MISSISSIPPI WORKERS' COMPENSATION COMMISSION

P. O. Box 5300

JACKSON, MISSISSIPPI 39296

### EMPLOYER'S APPLICATION FOR THE PRIVILEGE OF PAYING COMPENSATION PROVIDED IN THE MISSISSIPPI WORKERS' COMPENSATION ACT AS SELF-INSURER



To the Mississippi Workers' Compensation Commission:

The undersigned, an employer subject to the provisions of the Mississippi Workers' Compensation Law, hereby applies for the privilege of becoming a self-insurer for the payment of compensation provided in that Law, and submits the following facts, under oath, to the Mississippi Workers' Compensation Commission to enable it to determine if sufficient financial ability exists to render certain the payment of such compensation:

1. Name of applicant \_\_\_\_\_

2. Address \_\_\_\_\_  
(Number) (Street) (City or town) (County) (State)

3. The applicant is \_\_\_\_\_  
(State whether individual, co-partnership, limited partnership, corporation, receiver or trustee)

4. Describe briefly the general character of the operations performed and the articles manufactured or compounded at or away from the plant or premises of the applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Description of employment for ensuing year:

Location of Plant or Plants	Kind of Employment	Estimated Average No. of Employees at all Points	Estimated Average No. of Employees in Mississippi	Estimated Pay Roll of all Employees

6. If a corporation or limited partnership list, below, names of officers, directors, and residence of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





(c) The applicant agrees to deposit with the Mississippi State Treasurer, as directed by the Commission, acceptable security or idemnity bond to secure payment of compensation liabilities in the amount and manner as directed by Commission.

(d) This applicant agrees to pay to the Mississippi Workers' Compensation Commission the premium tax and initial fee of \$100.00 as required by law.

\_\_\_\_\_  
(Signature of Applicant)

By \_\_\_\_\_  
(Official and Title)

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, appeared personally and declared that the facts set forth in the foregoing application are true to the best of his knowledge, information and belief.

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL) \_\_\_\_\_

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(This affidavit may be sworn to before any person authorized to administer an oath.)

\_\_\_\_\_  
**IMPORTANT**

When the applicant is a subsidiary company or a partnership, the Commission may require that the parent company, or any other company or persons holding stock in the applicant company, or a partner or partners in the applicant partnership, shall give a satisfactory guarantee that the applicant will fully and promptly pay all sums which are or may become payable under the provisions of the Mississippi Workers' Compensation Act and under the terms of the agreement contained in his application.