



Mississippi Workers' Compensation Commission

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Mark S. Formby, Chairman
Thomas A. Webb, Commissioner
Beth Aldridge, Commissioner

Preston Williams, Self-Insurance Director

CONFIDENTIAL

EMPLOYER'S APPLICATION¹ FOR THE PRIVILEGE OF PAYING COMPENSATION PROVIDED IN THE MISSISSIPPI WORKERS' COMPENSATION ACT AS A SELF-INSURER²

To the Mississippi Workers' Compensation Commission:

The undersigned, an employer subject to the provisions of the Mississippi Workers' Compensation Act, hereby applies for the privilege of becoming an individual self-insurer, as authorized in Miss. Code Ann. § 71-3-75(2) and defined in Miss. Code Ann. § 71-3-157(h), for the payment of compensation provided by the Act. The undersigned submits the following facts, under oath, to the Mississippi Workers' Compensation Commission to enable it to determine if sufficient financial ability exists to render payment of such compensation:

1. Description of Company, Overview:

APPLICANT COMPANY NAME	
FORM OF BUSINESS ORGANIZATION	
FEIN	
CONTACT PERSON	
TITLE	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
PHYSICAL ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	
FACSIMILE NUMBER	
E-MAIL ADDRESS	
PUBLICLY (SYMBOL)/PRIVATELY TRADED	

¹ See Miss. Work. Comp. Comm. Rule 1.7

² Miss. Code Ann. § 71-3-75

2. Description of Operations:

3. Location of local facility, property holdings:

4a. If applicant is a corporation or limited partnership, list below names and addresses of all officers and directors.

NAME OF OFFICER OR DIRECTOR	PHYSICAL ADDRESS

4b. If applicant is a partnership or LLC, list below names and addresses of each member:

NAME OF MEMBER	PHYSICAL ADDRESS

4c. If sole proprietor, list below name and address:

NAME	PHYSICAL ADDRESS

5. Is the applicant company a subsidiary? _____. If so, name the parent or holding company along with its address.

NAME OF PARENT COMPANY	ADDRESS, CITY, STATE, ZIP CODE

6a. If applicant is a corporation, also answer the following: Articles of Incorporation obtained under the laws of the State of _____, on _____ (Date of Incorporation).

6b. If applicant is a foreign corporation, give name of home office _____.

7a. Relate facts, covering the past three (3) years, in Mississippi only:

YEAR	NUMBER OF EMPLOYEES	PAYROLL	NCCI WC CLASSIFICATION CODES EMPLOYED

8a. Are locations inspected by State or Federal Agencies? _____. If so, by whom and how frequently? _____

8b. Have you fulfilled all applicable safety requirements by both State and Federal Law? _____

8c. Do you employ a full-time safety professional? _____

8d. Do you provide onsite medical services? _____. If so, describe nature and care administered? _____.

9. **SUBMIT ELECTRONICALLY³ THE LAST THREE (3) YEARS LOSS RUN ANALYSIS.**
 10. **SUBMIT ELECTRONICALLY MOST RECENT ACTUARIAL RESERVE ANALYSIS.**
 11. **SUBMIT ELECTRONICALLY MOST RECENT AUDITED FINANCIAL RECORDS FOR REVIEW BY THE COMMISSION.**
 12. **SUBMIT ELECTRONICALLY MOST RECENT SAFETY REPORT.**
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IMPORTANT

When the applicant is a subsidiary company or 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 this application.

³ Submit all documents requested electronically by email to pwilliams@mwcc.ms.gov with Subject: Self-Insurance Application for [Applicant Company].

In consideration of the approval of this application, the applicant hereby expressly agrees as follows:

- (a) That this privilege of self-insurance may be revoked at any time in the discretion of the Mississippi Workers' Compensation Commission, pursuant to its authority in Miss. Code Ann. § 71-3-167.
- (b) That applicant will fully discharge all obligations that may arise under the Mississippi Workers' Compensation Act.
- (c) This applicant agrees to furnish to the Mississippi Workers' Compensation Commission adequate security, as the manner and amount determined by the Commission⁴, for the payment of its obligations under the Mississippi Workers' Compensation Act.
- (d) That all applications and all renewals of certificates of authority for the right of self-insurance are granted upon the express condition that said self-insurer files promptly and completely by the prescribed due date all reports required of them by the Mississippi Workers' Compensation Commission.
- (e) This applicant agrees to pay to the Mississippi Workers' Compensation Commission an application fee⁵ of \$1,000.00, for review and evaluation of Employer's application for privilege of self-insurance.

(Signature of Applicant)

(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 and correct to the best of his/her knowledge, information, and belief.

Subscribed and sworn to before me the _____ day of _____, _____.

(SEAL) _____

My commission expires on the _____ day of _____, _____.

⁴ See Miss. Work. Comp. Comm. Rule 1.7(1)

⁵ Payment of Application Fee due at the submission of the application.