MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and maintains workers' compensation insurance coverage with the following:

PROP & CAS INS CO OF HARTFORD
(Name of insurance carrier or self-insurance group)
ONE HARTFORD PLAZA HARTFORD CT 06155

800-327-3636
(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

PROP & CAS INS CO OF HARTFORD
(Name of third party claims administrator or claims office)
ONE HARTFORD PLAZA HARTFORD CT 06155

800-327-3636
(address & telephone number)

III. This workers' compensation coverage is effective for the following period:

03/31/22 to 03/31/23.

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

(Name of employer contact person)

(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected tot he penalties therein provided.