

TO THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Locations Covered \_\_\_\_\_

Nature of Business \_\_\_\_\_

This is to certify that the Workers' Compensation policy of the employer described herein has been:

Issued \_\_\_\_\_ Renewed \_\_\_\_\_ Canceled \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective \_\_\_\_\_ Expires \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

Compulsory risk \_\_\_\_\_ Exempted Risk \_\_\_\_\_

Carrier: \_\_\_\_\_ Issuing office \_\_\_\_\_

Revised 7/15/49 Form A-24

TO THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Locations Covered \_\_\_\_\_

Nature of Business \_\_\_\_\_

This is to certify that the Workers' Compensation policy of the employer described herein has been:

Issued \_\_\_\_\_ Renewed \_\_\_\_\_ Canceled \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective \_\_\_\_\_ Expires \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

Compulsory risk \_\_\_\_\_ Exempted Risk \_\_\_\_\_

Carrier: \_\_\_\_\_ Issuing office \_\_\_\_\_

Revised 7/15/49 Form A-24

TO THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Locations Covered \_\_\_\_\_

Nature of Business \_\_\_\_\_

This is to certify that the Workers' Compensation policy of the employer described herein has been:

Issued \_\_\_\_\_ Renewed \_\_\_\_\_ Canceled \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective \_\_\_\_\_ Expires \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

Compulsory risk \_\_\_\_\_ Exempted Risk \_\_\_\_\_

Carrier: \_\_\_\_\_ Issuing office \_\_\_\_\_

Revised 7/15/49 Form A-24