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:

LUBA CASUALTY INSURANCE COMPANY
P.O. BOX 98082
BATON ROUGE, LA 70898-9082
1-888-884-5822 / 225-389-5822

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

LUBA CASUALTY INSURANCE COMPANY
P.O. BOX 98082
BATON ROUGE, LA 70898-9082
1-888-884-5822 / 225-389-5822

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

_____ to _____.

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 to the penalties therein provided.