**FORM MS-3**

**MISSISSIPPI WORKERS’ COMPENSATION ASSIGNED RISK POOL**

**MEMBER COMPANY CONTACT FORM**

The Governing Articles of the Mississippi Workers’ Compensation Assigned Risk Pool provide that each Member shall designate and provide to the Pool Administrator the name and address of an official of the Member’s organization with authority to represent the Member in its dealings with the Pool and to whom all correspondence from the Pool shall be sent. Form MS-3 is used for this purpose.

Each member company should designate a contact to receive email notifications regarding the annual Premium Call, quarterly Statements of Operations, and annual market share results. In addition, each company should provide a contact/mailing address for distribution checks, and/or assessment invoices.

**Member Company Information**

|  |  |  |
| --- | --- | --- |
| **Member Company Name:** | | |
| **NCCI Carrier No.:** | **NAIC No.:** | **MS License No.:** |

**Company Contact/Mailing Address**

*(for distribution checks/assessment invoices)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** | | **Company (if different from Member Company):** | |
| **Title:** | | **Telephone No.:** | |
| **Email Address:** | | | |
| **Mailing Address *(for checks/invoices):*** | | | |
| **City:** | **State:** | | **Zip:** |

**Company Contact for Email Notices**

*(****EMAIL NOTICES****: quarterly statements of operations, annual premium call, and annual market share results)*

|  |  |
| --- | --- |
| **Contact Name:** | **Company (if different from Member Company):** |
| **Title:** | **Telephone No.:** |
| **Email Address:** | |

**Email completed form to:**[MSdata@CompInsServices.com](mailto:MSdata@CompInsServices.com)

***Questions:*** Compensation Insurance Services LLC (601-977-9456)