

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:

QBE

(Name of insurance carrier)

23952 AL Highway 55, Suite 1, Andalusia, AL 36420

800-293-1025

(address & telephone number)

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

Nina Larson, Benefits Manager

(Name of third party claims administrator or claims office)

National Experienced Workforce Solutions, Inc

3811 North Fairfax Dr., Suite. 900, Arlington, VA 22203 703-558-4226

(address & phone number)

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

10/16/2024 to 10/1/2025.

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

Nina Larson

(Name of employer contact person)

Benefits Manager, National Experienced Workforce Solutions, Inc

(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.