



MISSISSIPPI MUNICIPAL SERVICE COMPANY  
MISSISSIPPI MUNICIPAL WORKERS' COMPENSATION GROUP

## Estimated Payroll Summary

Payroll Summary Sheet  
10/01/2010 - 09/30/2011

Entity: \_\_\_\_\_ Member # \_\_\_\_\_

### SUMMARY FORM

<b>Total Estimated Annual Payroll:</b>	
<b>Total Number of EMPLOYEES:</b> (Reinsurance Requirement)	
<b>Total Number of LOCATIONS:</b> (Reinsurance Requirement)	
<b>Largest Concentration of Employees at any ONE location at any ONE time:</b> (Reinsurance Requirement)	

I certify that I have reviewed the information in this report and that the classifications indicated are true and the salary information is in agreement with our records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Entity: \_\_\_\_\_ Member # \_\_\_\_\_

## SCHOOL FORM

Classification	W/C Class	Est. Annual Payroll
Drivers	7380	
Stores - Retail	8017	
Schools - Professional & Clerical	8868	
Golf Course	9060	
All Other School Employees	9101	
Campus Security	9102	
	<b>TOTALS\$</b>	
<b>TOTAL NUMBER OF EMPLOYEES:</b>		
<b>Largest Concentration of Employees at any one location at any one time:</b> (for reinsurance questionnaire regarding terrorism)		

I certify that I have reviewed the information in this report and that the classifications indicated are true and the salary information is in agreement with our records.

Signature \_\_\_\_\_

Date \_\_\_\_\_