



MISSISSIPPI MUNICIPAL SERVICE COMPANY
MISSISSIPPI MUNICIPAL WORKERS' COMPENSATION GROUP

**Actual Payroll
Independent Audit**
10/01/2010 – 09/30/2011

Entity: _____ Member # _____

SUMMARY FORM

(This form is to be completed by all Applicants and Members)

Total Actual Annual Payroll:	
Total Number of Employees:	
Largest Concentration of Employees at any <i>one</i> location at any <i>one</i> time: (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



MISSISSIPPI MUNICIPAL SERVICE COMPANY
MISSISSIPPI MUNICIPAL WORKERS' COMPENSATION GROUP

**Actual Payroll
Independent Audit**
10/01/2010 – 09/30/2011

Entity: _____ Member # _____

SCHOOL FORM

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