

Company/Organization Name: _____

Company/Organization Owner Name: _____ Extension: _____

Company/Organization Owner E-mail Address: _____

Company/Organization Address: _____

Company/Organization Telephone Number: _____

Company/Organization Fax Number: _____

Finance Contact Name: _____ Extension: _____

Finance Contact E-mail Address: _____

Finance Contact Telephone Number: _____

Human Resource Contact Name: _____ Extension: _____

Human Resource Contact E-mail Address: _____

Human Resource Contact Telephone Number: _____

Mode Of Payment: Monthly Bi-Yearly Yearly

Duration Of Project: _____
(Start Date - End Date)

Seasonal: _____
(Date of Operation: From - To)

***For Duration of Project or Seasonal; If you exceed the end date written above you must inform Mohawk Self Insurance. In the event you do not inform Mohawk Self Insurance and an injury occurs the claim will be denied.**

Does your Company/Organization Safety Program: Yes No

*** Must Provide Mohawk Self Insurance with a copy of your Company/Organization's Safety Program.**

For each employee of your Company/Organization you must complete the section **Employer Information** on the MSI B form and have the employee completely fill out the section **Employee Information** and submit originals along with this form upon registration.

As a participant of Mohawk Self Insurance Program, I hereby agree to abide by the conditions as stated in the Mohawk Self Insurance Policy. I acknowledge the the information given is correct and may be used for verification between Mohawk Council of Kahnawà:ke operations.

Company/Organization Owner Signature: _____

Date: _____
(Month/Day/Year)