

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Contractors		CONTACT PERSON Leslie Scott	TELEPHONE NUMBER 601-985-4547	
ADDRESS 2679 Crane Ridge Drive, Suite C, Post Office Box 320279		CITY Jackson	STATE MS	ZIP 39232
EMAIL jms@msboc.us	SUBMIT DATE October 19, 2010	Name or number of rule(s): New Rule – Residential Builders and Remodelers Liability Insurance Disclosure Statement		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: _____

New rule is necessary to conform to 2010 legislative change as to general liability disclosure statement

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 73-59-11(f)

List all rules repealed, amended, or suspended by the proposed rule:

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

<p>TEMPORARY RULES</p> <p>____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): _____</p>	<p>PROPOSED ACTION ON RULES</p> <p>Action proposed: ____ New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference</p> <p>Proposed final effective date: ____ 30 days after filing ____ Other (specify): _____</p>	<p>FINAL ACTION ON RULES</p> <p>Date Proposed Rule Filed: <u>07/19/2010</u></p> <p>Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text ____ Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed</p> <p>Effective date: <input checked="" type="checkbox"/> 30 days after filing ____ Other (specify): _____</p>
--	---	---

Printed name and Title of person authorized to file rules: Leslie Scott, Legal Counsel, MS State Board of Contractors

Signature of person authorized to file rules: *Leslie Scott*

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;"> <p style="font-size: 2em; font-weight: bold; color: blue;">FILED</p> <p style="color: red; font-weight: bold;">OCT 19 2010</p> <p style="color: blue; font-weight: bold;">MISSISSIPPI SECRETARY OF STATE</p> </div> <p>Accepted for filing by <u>CB 17355</u></p>
--	---	---

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.