Service Request Order Form

Mail this form along with payment to:

MWCIA
PO Box 88266
Carol Stream, IL 60188-8266

Products will be sent electronically

Contact:

Company:

Email:

Phone Number:

For information about or a copy of the **Ratemaking Report**, **Schedule Z**, or **Pure Premium Base Rates**, please contact our Actuarial Services department using one of the following methods:

Via our online chat feature at mwcia.org

Via email: actuarial@mwcia.org

Or via telephone: 952-897-1737 opt 3

Price x Quantity = Subtotal

Experience Rating Worksheets $25 x_____= _____

Name:_____Address:_____

Combo. ID:_____Rating Eff. Date:_____

MN Contractors Premium Adjustment Program (MCPAP) Credit Worksheet $25 x_____=_____

Name:_____Rating Eff. Date:_____Cov. ID:_____

Statistical Plan Data by Carrier

Carrier IDs *(up to 5)*: _____ _____ _____ _____ _____

Policy Effective Dates from_____to_____ $250 x_____= _____

Single Carrier ID: _____

Policy Effective Dates from_____to_____ $150

Policy Data by Carrier

Carrier IDs *(up to 5)*: _____ _____ _____ _____ _____

Policy Effective Dates from_____to_____ $250 x_____= _____

Single Carrier ID: _____

Policy Effective Dates from_____to_____ $150

Total _____