



Policy View Application – Login Request Form

Please complete the application and mail or fax to MWCIA.

Address: MWCIA 7701 France Ave South, Suite 450, Minneapolis, MN-55435-3200

Fax: 952-897-6495

Please provide following information.

NCCI Group ID: _____

Group Name: _____

Requesting NCCI Carrier ID: _____

Contact Name: _____

Street Address: _____

City: _____

State and Zip Code _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

User Name: _____

Password: _____

Username/Password requirements: 6 characters minimum / Must begin with at least one ALPHA CHARACTER/can be all alpha or alpha-numeric beginning with alpha / all lower case / no symbols / no common words/no spaces/ login name and password should not be identical.

Please enter the NCCI Carrier ID and Name for which you want to view data.

No.	NCCI Carrier ID	Carrier Name
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

(Above list may be reproduced to add additional Carrier Names)

You will be notified when your application has been accepted. If there are any questions, please email us at

PolicyViewRegistration@mwcia.org .



CAUTION... ALL POLICY VIEW DATA IS PROPRIETARY TO MWCIA'S MEMBER CARRIERS. ONLY MEMBER CARRIERS MAY REQUEST OR RECEIVE A LOGIN TO ACCESS DATA IN POLICY VIEW. NO OTHER ENTITY MAY RECEIVE ACCESS TO POLICY VIEW EXCEPT AS PROVIDED TO A THIRD PARTY DIRECTLY BY THE RESPONSIBLE CARRIER ITSELF.

Authorizing Officer for Applicant

Last Name _____ First Name _____

Title _____ E-mail Address _____

Please attach a business card, or copy of a business card, of the authorizing officer for verification.

The undersigned is duly authorized to execute this application on behalf of the above named Applicant and each of its individual carriers within the Carrier Group. By executing this application, the Applicant and each of the individual carriers agree to be bound by the Terms and Conditions of Use set forth on the MWCIA Web site at www.mwcia.org, together with all future modifications thereof.

Applicant Signature

Authorizing Officer Signature