



Service Request Order Form

Please use photocopies of this form.

Mail this form along with payment to:

MWCIA
7701 France Avenue South, Suite 450
Minneapolis, MN 55435

Mailing Address – Where products are to be sent.

Contact :

Email :

Company :

Address :

Address :

City :

State :

Zip Code :

Phone Number :

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		Price x Quantity = Subtotal
Pure Premium Base Rates (PPBR) —	Hard Copy	\$25 x _____ = _____
	Electronic (CD or Email)	\$10 x _____ = _____
Ratemaking Report — Two Volume Set with PPBR Data File	Hard Copy	\$300 x _____ = _____
	Electronic (CD or Email)	\$50 x _____ = _____
Or, Check One:		
____ Volume I and PPBR Data File	Hard Copy	\$175 x _____ = _____
____ Volume II	Electronic (CD or Email)	\$30 x _____ = _____
Classification Survey Reports		\$15 x _____ = _____
Experience Rating Worksheets		\$15 x _____ = _____
MN Contractors Premium Adjustment Program (MCPAP) Credit Worksheet		\$15 x _____ = _____
Test Experience Rating Calculations	_____	\$75 x _____ = _____

Schedule Z Summary Data	Members	\$100 x _____ = _____
	Non-Members	\$150 x _____ = _____
Statistical Plan Data by Carrier*		\$250 x _____ = _____
Carrier IDs _____		

* When ordering 5 or more carriers from one group, the cost is \$150 each.

Total _____