



Minnesota Workers' Compensation  
Insurers Association, Inc.

7701 France Avenue South  
Suite 450  
Minneapolis, MN 55435-3203

952-897-1737 general  
952-897-6495 fax

[www.mwcia.org](http://www.mwcia.org)

## Classification Survey Request

Request for a survey can be submitted by the carrier, employer or the agent of record. Please complete form and send to Trice Tormoen by fax or email. Fax to 952-897-6495 or email to [Trice.Tormoen@mwcia.org](mailto:Trice.Tormoen@mwcia.org)

### Employer Information

Employer Name:	Association File Number or FEIN:
Contact name:	
Address:	
City, State, Zip Code:	
Phone Number:	
Email:	

### Requester Information

Carrier/Agency Name:	Contact Name:
Carrier/Agency Address:	Phone: Email:
City, State, Zip Code:	
Reason For Requesting Survey:	