



Service Request Order Form

Mail this form along with payment to:

MWCIA
PO Box 88266
Carol Stream, IL 61088-8266

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 _____