



# Service Request Order 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 :

City :

State :

9-Digit Zip Code :

Phone Number : (      )      —

		Price x Quantity = Subtotal
<b>Pure Premium Base Rates (PPBR) —</b>	Hard Copy	\$25 x _____ = _____
	Electronic (CD or Email)	\$10 x _____ = _____
<b>Ratemaking Report —</b>	Hard Copy	\$300 x _____ = _____
Two Volume Set with PPBR Data File	Electronic (CD or Email)	\$50 x _____ = _____
Or, Check One:		
___ Volume I and PPBR Data File	Hard Copy	\$175 x _____ = _____
___ Volume II and III	Electronic (CD or Email)	\$30 x _____ = _____
<b>Classification Survey Reports</b>		\$15 x _____ = _____
Name: _____ Address: _____ Cov. ID: _____		
<b>Experience Rating Worksheets</b>		\$15 x _____ = _____
Name: _____ Address: _____		
Combo. ID: _____ Rating Eff. Date: _____		
<b>MN Contractors Premium Adjustment Program (MCPAP) Credit Worksheet</b>		\$15 x _____ = _____
Name: _____ Rating Eff. Date: _____ Cov. ID: _____		
<b>Test Experience Rating Calculations</b>		\$75 x _____ = _____
Name: _____ Rating Eff. Date: _____ Cov. ID: _____		
<b>Schedule Z Summary Data</b>	Members	\$100 x _____ = _____
	Non-Members	\$150 x _____ = _____
<b>Statistical Plan Data by Carrier*</b>		\$250 x _____ = _____
Carrier IDs: _____ to _____		
Policy Effective Dates from _____ to _____		
* When ordering 5 or more carriers from one group, the cost is \$150 each.		Total _____