



Minnesota Workers' Compensation
Insurers Association, Inc.
7701 France Avenue South ▪ Suite 450
Minneapolis, MN 55435-3200

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 Jeff Kvam by fax or email. Fax to 952-897-6495 or email to jeff.kvam@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:	