



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 :

Zip Code :

Phone Number : () —

		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 _____ = _____
Name: _____ Address: _____ Cov. ID: _____		
Experience Rating Worksheets		\$15 x _____ = _____
Name: _____ Address: _____		
Combo. ID: _____ Rating Eff. Date: _____		
MN Contractors Premium Adjustment Program (MCPAP) Credit Worksheet		\$15 x _____ = _____
Name: _____ Rating Eff. Date: _____ Cov. ID: _____		
Test Experience Rating Calculations		\$75 x _____ = _____
Name: _____ Rating Eff. Date: _____ Cov. ID: _____		
Schedule Z Summary Data		
	Members	\$100 x _____ = _____
	Non-Members	\$150 x _____ = _____
Statistical Plan Data by Carrier*		\$250 x _____ = _____
Carrier IDs _____		

		Total _____

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