



Classification Survey Request

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

Employer Information

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

Requester Information

Requestor Name:	Contact Name:
Requestor Address:	
City, State, Zip Code:	
Phone:	Email:
Please indicate your status: <input type="checkbox"/> Carrier <input type="checkbox"/> Agent <input type="checkbox"/> Employer	
Reason For Requesting Survey:	