



Wisconsin Compensation Rating Bureau

BUREAU REQUEST FORM

Agents and carriers requesting this information or service will be billed monthly. If you are not the current carrier or agent of record, you must attach a release form: IRAF to this form for us to process your request. All others requesting this information, and who are authorized to receive it, must attach their check to this form for us to process their request. Please enclose the exact amount per the charges listed below:

I am requesting the information as indicated below:

- Five-year Premium & Loss Exhibit \$20.00 each
- Rating Data Worksheet \$20.00 each
- Experience Modification \$ 5.00 each (\$20.00 minimum)

Inspection Requests have moved to a new form. [Click here to access the new form.](#)

OTHER: *(Provide detail for special requests. Charges will be determined on cost plus basis.)*

TOTAL AMOUNT to be billed to carrier of record or agent: \$ _____

All fields required to be completed or form will be returned!

THE FOLLOWING MUST BE COMPLETED IN ORDER FOR YOUR REQUEST TO BE HONORED:

Employer Information

NAME OF EMPLOYER: _____ POLICY NUMBER: _____

INSURED STREET ADDRESS, CITY, STATE, ZIP: _____ EFF DATE OF POLICY: _____

CONTACT NAME: _____ CONTACT PHONE: _____

Requester Information

CARRIER/AGENCY NAME: _____ CONTACT NAME: _____

CARRIER/AGENCY ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE: _____

Authorized Signature: _____

Special Request Detail: