



## REQUEST FOR SERVICES

The Missouri Workers' Safety Program (MWSP) was created to help employers improve workplace safety and reduce workers' compensation insurance costs. At your request, your insurance carrier or the MWSP will assist you in creating a comprehensive safety and health management plan for your business. Visit [www.labor.mo.gov/MWSP](http://www.labor.mo.gov/MWSP) for more information or a list of certified independent consultants who can provide safety services.

### I. BUSINESS INFORMATION

BUSINESS NAME		SECTOR TYPE: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector (Government)	
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE	EMAIL		
WEBSITE			
BRIEFLY DESCRIBE YOUR COMPANY'S OPERATIONS AND FINAL PRODUCTS. IF MORE THAN ONE OPERATION, LIST IN PRIMARY ORDER.			

### II. CONTACT INFORMATION

NAME OF CONTACT PERSON	TITLE	
EMAIL ADDRESS	PHONE	

### III. WORKERS' COMPENSATION INSURANCE INFORMATION

INSURANCE TYPE <input type="checkbox"/> Private Insurance <input type="checkbox"/> Self-Insured Trust <input type="checkbox"/> Self-Insured <input type="checkbox"/> N/A	NAME OF INSURANCE CARRIER OR TRUST, OR WRITE SELF
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### IV. REQUEST

NOTE: You may request services from both your insurance provider and the MWSP.

<input type="checkbox"/> <b>I am interested in receiving service from my insurance provider</b> Under Missouri law, §287.123, RSMo, all insurance carriers in the state are required to offer comprehensive safety engineering and management services upon request from insured employers. Many of these services are provided at no additional charge, as they are worked into the cost of the premium. Self-Insured Trusts are required to provide safety programs to their members under 8 CSR 50-3.010.
<input type="checkbox"/> <b>I am interested in receiving service from the Missouri Workers' Safety Program</b> The Missouri Workers' Safety Program provides free safety and health consultation services to businesses in the state. It also offers service to Self-Insured Employers and Trusts that need assistance in meeting their obligations for a safety program under 8 CSR 50-3.010.

### V. AUTHORIZED SIGNATURE

NAME OF AUTHORIZING REPRESENTATIVE	DATE
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