

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS MISSOURI WORKERS' SAFETY PROGRAM

P.O. Box 58 Jefferson City, MO 65102-0058 573-526-5757 www.labor.mo.gov/MWSP

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 for more information or a list of certified independent consultants who can provide safety services.

I. BUSINESS INFORMATION				
BUSINESS NAME		SECTOR TYPE:		
		Private Sector	☐ Public Sector (Government)	
STREET ADDRESS				
CITY	STATE		ZIP	
PHONE	EMAIL			
WEBSITE				
BRIEFLY DESCRIBE YOUR COMPANY'S OPERATIONS AND FIN	NAL PRODUCTS. I	F MORE THAN ONI	E OPERATION, LIST IN PRIMARY ORDER.	
II. CONTACT INFORMATION				
AME OF CONTACT PERSON		TITLE		
EMAIL ADDRESS	1	P	PHONE	
III. WORKERS' COMPENSATION INSURANCE INFORMATION				
INSURANCE TYPE Private Insurance Self-Insured Trust N/A	NAME OF INSURANCE CARRIER OR TRUST, OR WRITE SELF			
IV. REQUEST				
NOTE: You may request services from both your insurance provider and the MWSP.				
I am interested in receiving service from my insurance of Under Missouri law, §287.123, RSMo, all insurance carriers in the request from insured employers. Many of these services are provide are required to provide safety programs to their members under 8 G	e state are required t led at no additional c			
I am interested in receiving service from the Missouri V The Missouri Workers' Safety Program provides free safety and Employers and Trusts that need assistance in meeting their obligat	l health consultation	services to business		
V AUTHODIZED CICNATUDE				
V. AUTHORIZED SIGNATURE NAME OF AUTHORIZING REPRESENTATIVE			DATE	