

Policyholder Product Order Form 801 (Rev. 03/2022)

Instructions

Purpose of Form

Use this form to order Experience Rating Worksheets, Classification Inspection Reports and Unit Statistical Reports for a specific policyholder. The WCIRB provides these data products to the policyholder or the policyholder's insurer of record; other parties may also obtain these data products if authorized by the policyholder.

Insurers and their authorized third parties as well as agents and brokers who have access to WCIRB Connect® can request policyholder authorization to access Experience Rating Worksheets and Classification Inspection Reports directly via WCIRB Connect free of charge.

If You Are the Policyholder

- In section A, check the box "I am the policyholder".
- Complete all sections of this form except section F. A signature is required in section B.

If You Are the Insurer of Record

- In section A, check the box "I am the insurer of record (according to the WCIRB's records)".
- Complete all sections of this form except section F.

If You Are Anyone Other Than the Policyholder or Insurer of Record

- In section A, check the appropriate box.
- Complete all sections of the form, including section F; otherwise, the WCIRB will not be able to process the order.

Payment Method

The WCIRB must receive payment before processing the order. Indicate the payment method and corresponding authorization information in section C.

- Direct billing is available for WCIRB member insurers.
- The WCIRB accepts Visa® and Mastercard® or ACH. Authorize.Net will email an electronic invoice to the requester on behalf of WCIRB California and process the credit card or ACH payment.

Product Delivery

The WCIRB delivery and handling (D/H) charge is applicable to all product copies, including special delivery requests. Refer to the chart below and add the appropriate amount for your order. The delivery charge is per unit of product based on delivery method; for example, if you order 5 units of the same product or 1 unit each of 5 different products and select the same delivery method, the total D/H charge is five times the unit charge for that delivery method.

Delivery Method

D/H Fee

Electronically	\$5 per unit
By Mail	\$15 per unit

For products delivered by mail, the following shipping methods are available.

Standard

- Product orders provided in hard copy are mailed or shipped ground.
- As mailing may be through UPS, a street address and phone number must be provided.

Next Day Air Shipping

Next day air shipping is billed directly to the ordering organization by the shipper.

- Complete the Shipper and Account Number fields.
- FedEx and UPS are recommended. For other shippers, contact the WCIRB Contact Center.
- Specify the delivery speed.

Sales Tax

- Include 9.25 percent sales tax for all orders mailed to California addresses. Products received via electronic delivery are not subject to sales tax.

Form Submission

This form can be completed electronically or printed out and completed on hard copy. Electronic signatures are acceptable when a signature is required. This form may be emailed or mailed.

Email customerservice@wcirb.com WCIRB
Mail California Attention: Contact Center
1901 Harrison Street, 17th Floor
Oakland, CA 94612

Questions/Additional Information

Call the WCIRB Contact Center toll free:
888. CA WCIRB (229.2472), 7:30 AM – 4:45 PM PT

All products and services are prepared by the WCIRB in the normal course of business pursuant to the regulations of the California Department of Insurance or for the benefit of the WCIRB's members. The WCIRB has made reasonable efforts to ensure the accuracy of the products and services.

You must make an independent assessment regarding the use of all WCIRB products and services based upon your particular facts and circumstances. The WCIRB cannot make such an assessment and shall not be liable for any damages, of any kind, whether direct, indirect, incidental, punitive or consequential, arising from the use, inability to use, or reliance upon WCIRB products and services.

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PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A. Requester Information

- ☐ I am the policyholder.
- ☐ I am the insurer of record (according to the WCIRB's records).
- ☐ I am an insurer or its authorized third party, agent or broker authorized to conduct workers' compensation insurance in California.
- ☐ I am _____
Specify _____

Name of Requesting Party

Company Name

NAIC Company Code (if insurer) OR valid California Casualty Broker-Agent License (if agent or broker)

_____ Name		_____ Title	
_____ Address	_____ City	_____ State	_____ Zip
_____ Telephone		_____ Email	

B. Policyholder

_____ Policyholder's Business Name		_____ WCIRB Bureau Number (BN)	
_____ Policyholder Representative Name	_____ Title	(If you are the policyholder, sign here.)	
_____ Address	_____ City	_____ State	_____ Zip
_____ Telephone		_____ Email	
_____ Insurer	_____ Policy Number	_____ Effective Date	

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C. Payment Method

☐ **1. WCIRB Member Insurers Billing**

I am authorized by the insurer named in Requester Information in section A to request products. I understand that my company will be billed for the products ordered by this form.

Authorized by

Signature

Title

Date

☐ **2. Payment by Credit Card or ACH** (see Instructions)

Please provide the following:

Name on Card

Email

Do not enter any credit card number onto this form. Credit card payment will be processed directly via Authorize.Net.

D. Delivery

 (Check either a Standard or a Next Day Air Shipping method.)

Standard (Choose one option.)

☐ Mail

☐ Email

Next Day Air Shipping (If delivery is by mail, choose one of the options below; otherwise, call the WCIRB Contact Center.)

☐ FedEx

☐ UPS

Shipper (if other than FedEx or UPS, call the WCIRB Contact Center)

Account Number

Select delivery speed (applicable to products not emailed):

☐ Ground

☐ Next Day Delivery

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E. Product Order (Attach additional sheet[s] if necessary.)

Experience Rating Worksheets — \$17 Per Worksheet

Rating Effective Date(s)	Price

Classification Inspection Reports — \$10 Per Report

Location(s)	Price

Unit Statistical Reports — \$8 Per Report

Policy Inception Date(s)	Price

Order Subtotal	
Delivery and Handling Enter total D/H fee for all units ordered (Electronically: \$5 per unit; By mail: \$15 per unit)	
Order Subtotal Including Delivery and Handling	
Sales Tax Enter dollar amount representing 9.25% sales tax on orders shipped to a California address. Electronic deliveries are not subject to sales tax. Check the box <input type="checkbox"/> if product is to be delivered by mail.	
ORDER TOTAL	

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F. Policyholder Authorization

This section must be completed by an authorized representative of the policyholder identified in section B of this form if the requesting party identified in section A of this form is NOT the policyholder or the insurer of record.

By signing below I warrant and represent that I am authorized to act for and bind the policyholder identified in section B of this form for purposes of authorizing the release of policyholder data. I authorize the Workers' Compensation Insurance Rating Bureau of California (WCIRB) to release the policyholder data identified in section E of this form to the requesting party identified in section A of this form.

Indemnification

By signing below I agree to indemnify and hold the WCIRB harmless from and against any claim related to the WCIRB's release of policyholder data provided as a result of executing this Policyholder Authorization.

Expiration of Authorization

This authorization will expire ninety (90) days after the date of signing this form.

Printed Name of Policyholder Representative

Policyholder Representative Signature

Date