

Letter of Authorization and Instructions for Agents and Brokers to Access Policyholder Data Form 810 (Rev. 10/2017)

Instructions

Purpose of Form

This form serves as a policyholder's Letter of Authorization authorizing the Workers' Compensation Insurance Rating Bureau of California (WCIRB) to release policyholder data to agents and brokers as described in the Types of Data section.

This authorization applies to data accessed online by registered users of the WCIRB online service (Website) and to data requested from the WCIRB Customer Service Department with Policyholder Product Order Form 801.

Types of Data

- A **Comprehensive Risk Summary** (CRS) is available via the Website only and agents and brokers must obtain and upload a signed Letter of Authorization Form 810 before accessing the information.
- **Ratesheets** and **Classification Inspection Reports** are available via the Website or by submitting a Policyholder Product Order Form 801 to the WCIRB. Agents and brokers must submit either a signed Letter of Authorization Form 810b or the Policy Information Page identifying the agent or broker as the agent or broker of record.
- **Unit Statistical Reports** are available by submitting a Policyholder Product Order Form 801 to the WCIRB. Agents and brokers must submit either a signed Letter of Authorization Form 810 or the Policy Information page identifying the agent or broker as the agent or broker of record.

How to Submit This Form

A completed Letter of Authorization Form 810 must be uploaded at the time of accessing a policyholder's CRS report. The original signed form must be retained for a minimum of thirty (30) days from the date of access.

For all requests via the Website other than a request for a CRS report, the agent or broker may choose whether to upload a Letter of Authorization Form 810 or the Policy Information Page identifying the agent or broker as the agent or broker of record at the time of access. If the required documentation is not submitted at the time of access, the broker or agent must retain a copy for twelve (12) months, and the WCIRB may audit the broker or agent by requesting that signed Form 810 or other documentation be provided within one week of the request for the documentation.

Notice - Audit Requirements

The requesting casualty agent or broker must comply with all audit requests from the WCIRB. Failure to provide a duly executed Letter of Authorization Form 810 executed on or before the date of accessing the policyholder data or other documentation may result in termination of access to the Website and referral to the California Department of Insurance for appropriate action.

Form Completion

- All information on the form is required.
- This form may be completed electronically, or you may print or type all requested information.
- A signature is required where indicated. If completed electronically, this form may be submitted with a verified digital signature.

Questions/Additional Information

Email customerservice@wcirb.com or call WCIRB Customer Service toll free: 888.CA WCIRB (229.2472) between the hours of 7:30 A.M.–5:00 P.M. PST.

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Policyholder Information

Name ("Policyholder Representative")

Business Entity Name ("Policyholder's Business")

Title (If Representing a Business Entity)

Address

City

State

Zip

Requesting Party Information

Requesting party may be an insurer or casualty broker or agent licensed to transact workers' compensation insurance in California.

Name ("Requesting Party")

Business Name

Valid California Casualty Broker or Agent License or NAIC Number

Address

City

State

Zip

Authorization

Policyholder Representative warrants and represents that he or she is authorized to act for and bind Policyholder's Business Entity for purposes of authorizing the release of policyholder data. Policyholder authorizes the Workers' Compensation Insurance Rating Bureau of California (WCIRB) to release the following policyholder data from the WCIRB to Requesting Party:

- Most recent Inspection Report
- Ratesheets for the following years: _____
- Comprehensive Risk Summary*
- Unit Statistical Reports for the following years (hard copy only): _____
- All of the above

Indemnification

Policyholder agrees 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 signing this Letter of Authorization.

Expiration of Authorization

This authorization will expire 12 months after the date of signing this form.

Printed Name

Policyholder Representative Signature

Date

*The CRS report provides up to 10 years of experience modification history including payroll, classifications codes, reported policyholder names and addresses, exposure and loss history information contained within WCIRB records.