

eSCAD® Enrollment

Form 103 (Rev. 03/2018)

Instructions

Purpose of Form

This form is for use by WCIRB member insurers (Insurers) only to begin the enrollment process for eSCAD, the WCIRB's online tool for Insurers to submit aggregate financial data. The WCIRB will prepare the *eSCAD Agreement* (eSCAD Agreement) based upon the information provided in this form by the Insurer.

If an Insurer has a current eSCAD Agreement in place this form does not need to be completed to add additional users. To add users, contact your eSCAD company member administrator. You may contact escad@wcirb.com to obtain the name of your eSCAD company member administrator.

Use of Form

This form is for use by Insurers only.

eSCAD Registration Requirements

This form must be completed in order to begin the eSCAD enrollment process.

Section A — Insurer Information

List the name of the Insurer and the names of the insurance companies that are reporting together (Reporting Group.)

Section B — Insurer Primary Contact for Data Calls

The Insurer Primary Contact is the person with whom the WCIRB will communicate regarding initial setup and administration of eSCAD and data call issues.

Section C — Member Administrator

The eSCAD Member Administrator is the person responsible for administering eSCAD user accounts for the Insurer's Reporting Group.

Section D — Insurer Signatory

The Signatory must be an officer or attorney who has the authority to legally bind the Insurer company and is authorized to sign the eSCAD Agreement on the Insurer's behalf.

Section E — Insurer Legal Contact

The eSCAD Legal Contact is the person with whom the WCIRB communicates for all issues related to the eSCAD Agreement. This person must be an officer or attorney who is authorized to accept legal notices on behalf of the Insurer and Reporting Group.

Use of Third Parties

If an Insurer elects to authorize a Third Party Entity (TPE) to submit Insurer data via eSCAD on behalf of the Insurer, the Insurer must complete WCIRB Form 902, *Third Party Entity Registration* (Form 902) and then sign a *Consent to Use Third Party Entity and Agreement to Indemnify* (TPE Agreement). [Form 902](#) can be accessed on the WCIRB's website wcirb.com.

Form Submission

This form may be completed electronically, printed or typed and emailed or mailed to the following:

EMAIL escad@wcirb.com

MAIL WCIRB Actuarial Department
1221 Broadway, Suite 900
Oakland, CA 94612

Questions/Additional Information

If you have questions about this form, call 415.778.7021 or email escad@wcirb.com.

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Section A — Insurer Information

Reporting Entity

List the names of the insurance companies that are part of the reporting group (based on the reporting of historical accident year loss data):

Section B — Insurer Primary Contact for Data Calls

The Primary Contact must be an employee of the Insurer.

Insurer Primary Contact Name

Title

Primary Contact Address

City

State

Zip

Telephone

Fax

Email

Section C — eSCAD Member Administrator

The eSCAD Member Administrator is the person responsible for administering eSCAD user accounts for the Insurer Reporting Group.

Member Administrator Name

Title

Member Administrator Address

City

State

Zip

Telephone

Fax

Email

Section D — Insurer Signatory

The Insurer Signatory must be an officer or attorney affiliated with the Insurer who is authorized to legally bind the company and sign the eSCAD Agreement on behalf of the Insurer.

Signatory Name

Title

Signatory Company

Signatory Address

City

State

Zip

Telephone

Fax

Email

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Section E — Insurer Legal Contact

The Insurer Legal Contact must be an officer or attorney who is authorized to accept legal notices on behalf of the Insurer.

Legal Contact Name				Title	
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Legal Contact Company				
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Legal Contact Address	City	State	Zip		
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Telephone	Fax	Email			
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