

New Member Application Form 1101 (09/2018)

Instructions

Purpose of Form

This form is used to apply for membership in the WCIRB. Every insurer authorized to transact California workers' compensation insurance and employers' liability insurance incidental thereto and written in connection therewith is eligible for membership in the WCIRB.

Use of Form

This form is used by insurers who are applying to the California Department of Insurance for a Certificate of Authority to transact workers' compensation insurance in California.

Section A — Insurer Information

Provide the name of Insurer and the following:

- **Insurer Address**
The Primary Address of the Insurer corporate office.
- **Insurer Contact**
The Contact is the person with whom the WCIRB will communicate regarding the application process.
- **NAIC #**
Each Insurer is required to provide their NAIC #.
- **NAIC Group Affiliation**
Provide the NAIC Group Number and Name if applicable.

Section B — Billing Contact Information

Provide the name, address and contact information for which invoices should be directed.

Section C — Officer Signatory Information

Provide the name, title and contact information for the Officer of the Insurer responsible for signing the WCIRB Constitution and By-Laws.

Section D — Membership Level

Select from the two types of Membership levels available.

Section E — Contact Information of Person Submitting Application

Provide the name and contact information of the person submitting the application to WCIRB.

Form Submission

This form may be completed electronically or manually. It may be scanned and emailed or mailed:

EMAIL accountingdept@wcirb.com
MAIL WCIRB, Accounting
 1221 Broadway, Suite 900
 Oakland, CA 94612

Questions/Additional Information

Call the WCIRB Accounting Specialist, Member Services at 415.778.7089 between 8:00 AM to 4:30 PM.

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Section A — Insurer Information

This section identifies the Insurer and Insurer Group information.

Name of Insurer	NAIC Number		
Name of Insurer Group (if applicable)	NAIC Group Number (if applicable/known)		
Insurer Address	City	State	Zip

Primary Contact

The Primary Contact should be knowledgeable about how the Insurer company or group of companies reports data to the WCIRB and should have the authority to act on behalf of the Insurer company or group.

Name	Title		
Address	City	State	Zip
Telephone	Email		

Section B — Billing Contact Information

Provide the name, address and contact information for which invoices should be directed.

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email		

Section C — Officer Signatory Information

Upon issuance of the Certificate of Authority by the California Department of Insurance, an officer of the Insurer will be required to sign the WCIRB Constitution and By-Laws. The documents will be sent via DocuSign.

Name of Officer	Title		
Telephone	Email		

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Name of Insurer	NAIC Number
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Name of Insurer Group (if applicable)	NAIC Group Number (if applicable/known)
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Section D — Membership Level

There are two types of membership available.

A regular member is an eligible insurer with direct written premium at the advisory pure premium rate level of at least \$500,000 in the latest available calendar year or has selected to become a regular member by paying the regular membership fee. Only regular members are entitled to vote, hold office or serve as members of committees.

An associate member is an eligible insurer with direct written premium at the advisory pure premium rate level of less than \$500,000 in the latest available calendar year.

Please select membership level:

Regular Membership - \$1,500 annual fee Associate Membership - \$500 annual fee

A membership fee invoice will be generated upon execution of the WCIRB Constitution and By-Laws. WCIRB invoices are due upon receipt.

Section E — Contact Information of Person Submitting Application

Provide the name and contact information of the person submitting the application to WCIRB.

Name	Title
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Company Name

Address	City	State	Zip
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Telephone	Email
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