

Experience Modification Subscription Form 205 (07/2013)

Instructions

Purpose of Form

The purpose of this form is for WCIRB Member Insurers and registered Advisory Organizations in good standing with the California Department of Insurance (CDI) to subscribe to Experience Modification Subscription product.

See California Insurance Code Sections 11750.1(e) and 11753 for information about Advisory Organizations. To become a registered Advisory Organization, contact the CDI directly.

Ordering Process

- Upon receipt of this form, the WCIRB will verify eligibility for the product. For Advisory Organizations, the WCIRB will contact the CDI.
- Once eligibility is verified, an invoice for the order will be generated and an Indemnification Agreement will be sent to the Legal Contact designated on this form.
- An insurer or group of insurers may opt to receive expanded experience modification data for its own policies. Expanded experience modification data is available for a single company within a group, or for multiple companies within the same NAIC group. There is space to make this selection on page 3.
- If expanded experience modification data for more than one company in the same NAIC group is requested, the person signing the Indemnification Agreement must have the authority to sign the contract on behalf of each company.
- Upon receipt of the signed Agreement and payment, the WCIRB will contact your designated Technical Contact to begin the setup process.

Form Completion

- If not completed electronically, print or type all information
- Complete all sections for prompt handling

Price

\$2,500 per year, prorated to the nearest month, billed on an annual basis. Payment is due in advance of service. No refunds will be issued upon cancellation.

Payment Methods

Indicate on this form the method of payment the organization plans to use.

- If check is selected, the WCIRB will generate an invoice. Please include the invoice along with your check.
- *DO NOT* submit a check with this form.
- If credit card is selected, include the credit card information on this form, including an authorized signature.
- The WCIRB accepts VISA and Mastercard only.

Delivery

This product is delivered electronically. See product documentation, *Experience Modification Subscription #DP2010*, for additional information. To request a copy of the product documentation, email marketing@wcirb.com.

Form Submission

- This form can be completed electronically and emailed, faxed or mailed.
- To email, print the form and attach a scanned copy to an email.

EMAIL marketing@wcirb.com

FAX 415.371.5289

MAIL WCIRB
Marketing and Communications
1221 Broadway, Suite 900
Oakland, CA 94612

Questions/Additional Information

Call the WCIRB Marketing and Communications Department at 415.778.7065 or email at marketing@wcirb.com.

Experience Modification Subscription Form 205 (07/2013)

Company Type (Select One)

Insurance Company (#DP2010)

Advisory Organization (#DP2010A)

Primary Contact

Name	Title	
------	-------	--

Company

Street Address (No P.O. Box)

Street Address

City	State	Zip
------	-------	-----

Telephone	Email
-----------	-------

Legal Contact

The person to whom the WCIRB should direct any legal notices regarding this product.

Same as Primary Contact shown above.

Name	Title	
------	-------	--

Company

Street Address (No P.O. Box)

Street Address

City	State	Zip
------	-------	-----

Telephone	Email
-----------	-------

Technical Contact

A person responsible for downloading and processing the file(s) and who has knowledge of your information technology capabilities. The WCIRB can only communicate with or send information to an employee of your company.

Name	Title	
------	-------	--

Telephone	Email
-----------	-------

Experience Modification Subscription Form 205 (07/2013)

Data Selection

Insurers may elect to receive expanded experience rating information for their own company, or for one or more additional companies within their NAIC group. If requesting expanded experience rating data for more than one company in the same NAIC group, the Legal Contact must have the authority to accept notice on behalf of each company in the designated group.

Include data only for a single company. Specify: _____

Include data for multiple companies within an NAIC group. Please list the companies below.

Payment Options

Select method of payment. WCIRB members may elect to be billed. If selecting to pay by check, an invoice will be prepared and sent to the Primary Contact shown on page 1 of this form.

Member Billing (WCIRB Members Only)

Check

VISA/Mastercard

Card # _____ Exp. Date (Month/Year) _____

Cardholder Name _____ Authorized Signature _____

Billing Address _____

Billing Address _____

City _____ State _____ Zip _____