

AnalyticsPortal Enrollment Form 310 (Rev. 01/2019)

Instructions

Use of This Form

This form is for use by WCIRB member insurers (Insurers) only to begin the process of enrolling in (1) WCIRB AnalyticsPortal or (2) WCIRB AnalyticsPortal and WCIRB Inquiry®. Upon receipt of this completed form, the WCIRB will prepare a WCIRB AnalyticsPortal Agreement (Agreement) based on the information provided on this form.

AnalyticsPortal Enrollment

The WCIRB AnalyticsPortal provides access to executive level benchmarking reports and data quality dashboards. WCIRB Inquiry provides powerful classification experience and aggregate financial data query tools and detailed reports.

Submission of the completed form will initiate the enrollment process for the Insurer.

Pricing

There is no charge for accessing the WCIRB AnalyticsPortal. The fee for accessing WCIRB Inquiry is determined using the most recent available pure premium written on California workers' compensation policies reported to the WCIRB by the Insurer. The fees shown below are based upon a calendar year and will be prorated for Insurers enrolling during a calendar year.

Written Pure Premium	Annual Fee
\$0 to \$250 million	\$7,000
More than \$250 million	\$14,000

Required Information

Access to information in the WCIRB AnalyticsPortal and in WCIRB Inquiry is impacted by how an Insurer reports data to the WCIRB.

Insurers that are within the same NAIC group may enroll under a single Agreement and access WCIRB Inquiry reports for one, some, or all of the Insurers within the group; however, due to the nature of how aggregate financial data is reported to the WCIRB, some groupings may limit access to some aggregate financial data and corresponding reports. In addition, access to the reports and dashboards available in the WCIRB AnalyticsPortal is restricted to authorized individuals of the Insurer.

The WCIRB will work with Insurers to determine the constituents of the grouping that is most appropriate while safeguarding access to Insurers' data.

• Primary Contact

The Insurer must designate a Primary Contact who has the authority to act on behalf of the companies that are subscribing to the WCIRB AnalyticsPortal and WCIRB Inquiry.

• General System Administrator (GSA)

The Insurer must designate a General System Administrator who will be responsible for establishing and administering user accounts for the Insurer.

• Legal Contact

The Insurer must designate an officer or attorney affiliated with the Insurer as the Legal Contact. The Legal Contact must be authorized to accept legal notices.

• Signatory

Each Insurer within a group must have a Signatory to the Agreement. The Signatory must be an officer or attorney affiliated with the Insurer who is authorized to legally bind the Insurer and who is authorized to sign the Agreement on behalf of the Insurer.

Form Completion

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

Email contracts@wcirb.com
Mail WCIRB Legal Department
1221 Broadway, Suite 900
Oakland, CA 94612

If you have questions about this form, contact the WCIRB Contract Administrator at 415.778.7241 or email contracts@wcirb.com.

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A. Insurer Information

Name of Insurer or Insurer Group

NAIC Group Number (if known)

If enrolling an Insurer Group, list all Insurers included in this enrollment request:

B. Primary Contact

The Primary Contact should have the authority to act on behalf of all the insurers identified in Section A.

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email (required)		

C. General System Administrator (GSA)

The General System Administrator has the authority to administer users for all the insurers identified in Section A.

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email (required)		

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D. Legal Contact

The Legal Contact must be an officer or attorney affiliated with the Insurer or Insurer Group and who is authorized to accept legal notices on behalf of all the insurers identified in Section A.

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email (required)		

E. Insurer Signatory

Each insurer identified in Section A above must have an Insurer Signatory who is (1) an officer or attorney affiliated with the Insurer or Insurer Group, (2) authorized to legally bind the insurer, and (3) authorized to sign the WCIRB AnalyticsPortal Agreement on behalf of the insurer. If the Insurer Signatory does not have authority to sign the Agreement on behalf of all the insurers identified in Section A, multiple signatories are required.

Check this box if the Insurer Signatory is authorized to sign the Agreement on behalf of all the insurers identified in Section A. If this box is not checked, Section G must be completed for each remaining insurer identified in Section A.

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email (required)		

F. WCIRB Inquiry and Third Party Access

To request Insurer access and/or Third Party Entity (TPE) access to WCIRB Inquiry, check the applicable box(es) below. To authorize a TPE to access WCIRB Inquiry on the Insurer's behalf, the Insurer must submit a completed Form 908, *Third Party Entity Registration Form — WCIRB Inquiry* (Form 908) and sign a *Consent to Use Third Party Entity and Agreement to Indemnify — WCIRB Inquiry* (TPE Inquiry Agreement) before any TPE will be given access to WCIRB Inquiry.

Request Insurer access to WCIRB Inquiry.

Request TPE Access to WCIRB Inquiry.

The Legal Contact, Primary Contact and Signatory information for the TPE Inquiry Agreement will be the same as provided on this form.

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G. Additional Signatory(ies) (see Section E)

Each Insurer Signatory must be (1) an officer or attorney affiliated with the Insurer, (2) authorized to legally bind the Insurer, and (3) authorized to sign the AnalyticsPortal Agreement on behalf of the Insurer.

Name Title

Company Name

Address City State Zip

Telephone Email (required)

Name Title

Company Name

Address City State Zip

Telephone Email (required)

Name Title

Company Name

Address City State Zip

Telephone Email (required)

Name Title

Company Name

Address City State Zip

Telephone Email (required)