

Policyholder Product Order Form 801 (Rev. 07/2018)

Instructions

Purpose of Form

This form is for ordering Experience Rating Worksheets, Classification Inspection Reports and Unit Statistical Reports for a specific policyholder. The WCIRB provides these data products to the policyholder or the policyholder's insurer of record; other parties may also obtain these data products if authorized by the policyholder.

Insurers and their authorized third parties as well as agents and brokers who have access to WCIRB Connect® can request policyholder authorization to access Experience Rating Worksheets and Classification Inspection Reports directly via WCIRB Connect free of charge.

If You Are the Policyholder

- In Section A - Requesting Party, check the box "I am the policyholder".
- Complete all sections of this form except Section F - Policyholder Authorization. A signature is required in Section B - Policyholder (see Form Completion below).

If You Are the Insurer of Record

- In Section A - Requesting Party, check the box "I am the Insurer of Record (according to the WCIRB's records)".
- Complete all sections of this form except Section F - Policyholder Authorization.

If You Are Anyone Other Than the Policyholder or Insurer of Record

- In Section A - Requesting Party, check the appropriate box.
- Complete all sections of the form – including Section F - Policyholder Authorization; without all this information the WCIRB will not be able to process the order.

Form Completion

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

Delivery

Select the type of delivery requested: Standard or Express. Express delivery will be billed directly by the shipper.

- Fed Ex and UPS are recommended. For other shippers, contact WCIRB Customer Service.
- Street address, not a P.O. Box, and a telephone number must be provided.

Payment

Payment must be received before the order can be processed. Indicate the type of payment.

- Payment may be made by check or credit card (VISA or Mastercard); if paying by credit card, include your bank card billing address in the Payment Method section.
- Direct billing is available for WCIRB member insurers only.

Sales Tax

Include 9.25% sales tax for all orders shipped to California addresses.

WCIRB Shipping and Handling Charge

Add \$2 to each order. This charge is applicable to all orders including express delivery orders.

Form Submission

This form may be emailed, faxed or mailed.

EMAIL customerservice@wcirb.com
FAX 415.778.7272
MAIL WCIRB
Customer Service
1221 Broadway, Suite 900
Oakland, CA 94612

Questions/Additional Information

Email customerservice@wcirb.com or call WCIRB Customer Service toll free at 888.CA WCIRB (229.2472) between the hours of 7:30 AM and 4:45 PM Pacific.

WCIRB products and services are prepared by the WCIRB in the normal course of business. The WCIRB has made reasonable efforts to ensure the accuracy of its products and services. You must make an independent assessment regarding the use of all WCIRB products and services based upon your particular facts and circumstances. The WCIRB cannot make such an assessment and shall not be liable for any damages, of any kind, whether direct, indirect, incidental, punitive or consequential, arising from the use, inability to use, or reliance upon WCIRB products and services.

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PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Section A - Requesting Party

- I am the policyholder.
- I am the insurer of record (according to the WCIRB's records).
- I am an insurer or its authorized third party, agent or broker authorized to conduct workers' compensation insurance in California.
- I am _____
Specify _____

Name of Requesting Party

Company Name

NAIC Company Code (if insurer) OR valid California Casualty Broker-Agent License (if agent or broker)

Name of Contact

Title of Contact

Street Address

City

State

Zip

Telephone

Fax

E-Mail

Section B - Policyholder

Policyholder's Business Name

WCIRB Bureau Number (BN)

Policyholder Representative Name

Title

(If you are the policyholder, sign here.)

Street Address

City

State

Zip

Telephone

Fax

E-Mail

Insurer

Policy Number

Effective

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Section C - Delivery (Check either a Standard method or an Express method)

Standard (Choose one option only)

Mail Email Fax

Express Shipping (Choose one option. FedEx and UPS recommended. If other, call WCIRB Customer Service.)

FedEx UPS

FedEx or UPS Account Number

Select delivery speed:

Ground
 Next Day Delivery
 2nd Business Day Delivery
 3rd Business Day Delivery

Section D - Payment Method

WCIRB Member Insurer Billing
I am authorized to act on behalf of the insurer named in Section A of this form to request policyholder data products. I understand that my company will be billed for the policyholder data products ordered on this form.

Authorized by (Name of authorized representative)

Authorized Signature Required

Title of authorized representative

Date

Check VISA MASTERCARD

Card #

Exp. Date (Month/Year)

Cardholder Name

Authorizing Signature

Credit Card Billing Address

City

State

Zip

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Section E - Information Requested (Attach additional sheet(s) if necessary)

Experience Rating Worksheets — \$17 per Worksheet

| Rating Effective Date(s) | Price |
|--------------------------|-------|
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Classification Inspection Reports — \$10 per Report

| Location(s) | Price |
|-------------|-------|
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Unit Statistical Reports — \$8 per Report

| Policy Inception Date(s) | Price |
|--------------------------|-------|
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|---|--------|
| Order Sub-Total | |
| Check this box if Requesting Party's address in Section A is in California (9.25% sales tax added) <input type="checkbox"/> | |
| Shipping and Handling | \$2.00 |
| ORDER TOTAL | |

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Section F - Policyholder Authorization (This section must be completed by an authorized representative of the policyholder identified in Section B of this form if the requesting party identified in Section A of this form is NOT the policyholder or the insurer of record)

By signing below I warrant and represent that I am authorized to act for and bind the policyholder identified in Section B of this form for purposes of authorizing the release of policyholder data. I authorize the Workers' Compensation Insurance Rating Bureau of California (WCIRB) to release the policyholder data identified in Section E of this form to the Requesting Party identified in Section A of this form.

Indemnification

By signing below I agree 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 executing this Policyholder Authorization.

Expiration of Authorization

This authorization will expire ninety (90) days after the date of signing this form.

Printed Name of Policyholder Representative

Policyholder Representative Signature

Date