

WCIRB Publications Order Form 802 (Rev. 03/2022)

Instructions

Purpose of Form

Use this form to order WCIRB products listed on the WCIRB website, wcirb.com.

Payment Method

The WCIRB must receive payment before processing the order. Indicate the payment method and corresponding authorization information in section B.

- Direct billing is available for WCIRB member insurers.
- The WCIRB accepts Visa® and Mastercard® or ACH. Authorize.Net will email an electronic invoice to the requester on behalf of WCIRB California and process the credit card or ACH payment.

Product Delivery

The WCIRB delivery and handling (D/H) charge is applicable to all orders. Refer to the chart below and add the appropriate amount for your order. The delivery charge is per unit of product; for example, if you order 5 units of the same product or 1 unit each of 5 different, the total D/H charge is five times the unit charge.

Delivery Method

Electronically

D/H Fee

\$5 per unit

Form Submission

This form can be completed electronically or printed out and completed on hard copy. Electronic signatures are acceptable when a signature is required. This form may be emailed or mailed.

Email customerservice@wcirb.com

Mail WCIRB California Attention: Contact Center
1901 Harrison Street, 17th Floor
Oakland, CA 94612

Questions/Additional Information

Call the WCIRB Contact Center toll free:
888. CA WCIRB (229.2472), 7:30 AM – 4:45 PM PT

All products and services are prepared by the WCIRB in the normal course of business pursuant to the regulations of the California Department of Insurance or for the benefit of the WCIRB's members. The WCIRB has made reasonable efforts to ensure the accuracy of the 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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A. Requester Information

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email		

B. Payment Method

1. WCIRB Member Insurers Billing

I am authorized by the insurer named in Requester Information in section A to request products. I understand that my company will be billed for the products ordered by this form.

Authorized by	Signature
Title	Date

2. Payment by Credit Card or ACH (see Instructions)

Please provide the following:

Name on Card	Email
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Do not enter any credit card number onto this form. Credit card payment will be processed directly via Authorize.Net.

C. Delivery (Choose one option.)

- Email SFTP (for select products only).

SFTP Address

