

Products and Services Order Form 802 (Rev. 05/2015)

Instructions

Purpose of Form

Use this form to order WCIRB Products and Services. Note that some information products require a specialized form. See WCIRB Products and Services Listings below.

WCIRB Products and Services Listings

Information on commonly ordered products and services is listed on the WCIRB website, www.wcirb.com.

Form Completion

- This form can be completed electronically
- If not completed electronically, print or type all information
- If payment is by WCIRB member insurers billing or credit card, this form requires a signature. It must be printed and signed.
- Complete all contact and shipping information
- For fastest handling, include the catalog number along with the description of the product(s) ordered

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
- The WCIRB accepts VISA and Mastercard. Include your credit card billing address in the Payment Method section.
- Direct billing is available for WCIRB member insurers
- TPEs, authorized by WCIRB member insurers, may elect to have the WCIRB bill the member insurer. The WCIRB is unable to bill TPEs directly.

Sales Tax

Include 9.5% sales tax for all orders shipped to California addresses.

WCIRB Shipping and Handling Charge

The WCIRB shipping and handling (S/H) charge is applicable to all orders, including special delivery orders. Refer to the chart below and add the appropriate amount for your order.

The shipping charge applies to each separate order. When ordering several products with different formats, use the highest fee.

Product Media	S/H Fee
CD-ROM or Email	\$2
Paper (Reports, Bulletins, Letters, Etc.)	\$2
Publication (Manuals and Plans)	\$7

Delivery

Standard

- Products and Services orders are mailed or shipped ground
- As the order may be shipped, address must include a street address (shippers do not accept P.O. Boxes) and a telephone number for the shipper

Express Delivery

Express delivery, billed directly to the ordering organization by the shipper, is available.

- Complete the Express Delivery section of the form; note shipper and account number
- Fed Ex and UPS recommended. For other shippers, contact WCIRB Customer Service.
- Specify the type of service
- Street address, not a P.O. Box, and a telephone number must be listed

Form Submission

- This form may be faxed, emailed or mailed
- To email, print the form, sign, scan as PDF and email

FAX 415.778.7272

EMAIL customerservice@wcirb.com

MAIL WCIRB
Customer Service
1221 Broadway, Suite 900
Oakland, CA 94612

Questions/Additional Information

Call WCIRB Customer Service toll free
888.CA WCIRB (229.2472) 7:30 a.m.–5:00 p.m. PST.

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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Contact Information

Contact	Title	
Company/Firm Name	Mailing Address	
City	State	Zip
Telephone	Fax	Email

Ship To Information (If different from Billing Information)

Contact	Title	
Company/Firm Name	Street Address (No P.O. Boxes)	
City	State	Zip
Telephone	Fax	Email

Payment Method

- WCIRB Member Insurers Billing
I am authorized by the insurer named in Contact Information of this form to request products and services.
I understand that my company will be billed for the products and services ordered by this form.

Authorized by	Signature
Title	Date

- Member Authorized TPE (Member will be billed. Include member billing information below.)

Authorized by	Signature
Title	Date

Member Company	Address	
City	State	Zip

- Check VISA MASTERCARD

Card #	Exp. Date (Month/Year)	
Cardholder Name	Authorizing Signature	
Credit Card Billing Address		
City	State	Zip

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Express Delivery

Shipper (Fed Ex and UPS recommended. If other, call WCIRB Customer Service.)

Account Number

Next Day Air Second Day Air Third Day Air

Order

Contact

Company/Firm Name

Qty.	Catalog Number	Description	Unit Price	Total Price
			Order Sub-Total	
Enter 9.5% sales tax on orders shipped to California addresses.			Sales Tax	
[CD-ROM, Email or Paper: \$2; Publication: \$7]			Shipping and Handling	
			ORDER TOTAL	

The form will calculate the sales tax. If sales tax is applicable, enter the amount in the box below on the Sales Tax line.

Sales Tax Amount