Robotic Tool Registration — WCIRB Connect®
Form 906 (08/2019)

Instructions

Purpose of Form

This form should be used by WCIRB member insurers only to request permission to use a Robotic Process Automation Software Tool (Robotic Tool) on the WCIRB's private member website, WCIRB Connect. The WCIRB will use the information provided in this form to prepare an Agreement regarding the use of the Robotic Tool.

A Robotic Tool may be associated with only **one** insurer.

An Insurer must complete a separate form for each Robotic Tool it wishes to use.

Robotic Tool Registration

Upon receipt of this completed form, the WCIRB will initiate the registration process by reviewing the information provided to ensure WCIRB access and technical requirements are met.

Once the Agreement is signed, the setup process can begin and the WCIRB will work with the designated Primary Contact to create an Insurer Robotic Tool User Account.

Required Information
Insurer Information

The name of the Insurer requesting authorization to use a Robotic Tool on Connect.

Primary Contact

The Primary Contact must be an employee of the Insurer with whom the WCIRB will communicate regarding initial setup.

Legal Contact

The Legal Contact must be an officer or attorney who is authorized to accept legal notices on behalf of the Insurer.

Insurer Signatory

The Insurer Signatory must be an officer or attorney who has the authority to legally bind the company and is authorized to sign the Agreement on the Insurer's behalf.

Technical Contact

The Technical Contact must be a person in the Insurer's Information Technology Department who will interface with the WCIRB's IT Department. This person should have a thorough understanding of the Insurer's information technology system.

Robotic Tool Information
Specifications

This section details the Access Requirements and Technical Requirements that must be met before a Robotic Tool may be used in WCIRB Connect.

IP Address

Provide the source IP address of the Robotic Tool.

Robotic Tool Source

Provide the source from which the Robotic Tool is acquired/created. If the source is the Insurer's in-house resources, this must be indicated. If the source is a third party, the name of the third party must be provided.

Robotic Tool Email

Provide the email address to use as the Bot ID account. This email must have an insurer domain and be active before the Agreement is signed. This email should not be an email currently in use within WCIRB Connect as enrollment of a duplicate email will cause errors during setup.

Form Completion

This form can 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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1221 Broadway, Suite 900
Oakland, CA 94612

Voice   415.778.7241

contracts@wcirb.com
wcirb.com

Form LD906.082019

Workers' Compensation Insurance Rating Bureau of California®

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A. Insurer Information

_____
Name of Insurer

B. Primary Contact

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

Name	Title
Address	City State Zip
Telephone	Email

C. Legal Contact

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

☐ Same as Primary Contact shown above.

Name	Title
Address	City State Zip
Telephone	Email

D. Insurer Signatory

The 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 Agreement on behalf of the insurer.

Name	Title
Address	City State Zip
Telephone	Email

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E. Technical Contact

This is a technical person in your Information Technology department who will interface with the WCIRB's IT Department. This person should have a thorough understanding of the Insurer's information technology system.

Name	Title

Address	City	State	Zip

Telephone	Email

F. Robotic Tool Information

Robotic Tool IP Address(es)

Robotic Tool Source (In-house or, if a third party, the name of third party)

Robotic Tool Email

SEE ATTACHED
WCIRB Access and Technical Specification Requirements for Robotic Tools

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Oakland, CA 94612   wcirb.com

Form LD906.082019

WCIRB Access and Technical Specification Requirements for Robotic Tools

The access and technical requirements provided below shall apply to any and all use of Robotic Tools by or on behalf of an Insurer to access and use WCIRB Connect.

Access Requirements

An Insurer must comply at all times with the following access requirements when utilizing Robotic Tools to access and use WCIRB Connect:

▪ The Robotic Tool must not exceed the usage limitations posted in the Knowledge Center on connect.wcirb.com, which may change from time to time at the WCIRB's sole discretion.

▪ The Robotic Tool may be used only to access data on behalf of the authorized Insurer and solely for the purpose of transacting workers' compensation insurance.

▪ The Insurer must provide the WCIRB the IP address(es) it intends to use for the Robotic Tool. The WCIRB will review and approve the IP address(es).

Technical Requirements

Any and all Robotic Tools used by or on behalf of an Insurer to access and use WCIRB Connect must comply with the following technical requirements:

▪ The Robotic Tool must use only the WCIRB approved IP address(es).

▪ The Bot User ID assigned by the WCIRB that is used to access WCIRB Connect must be encrypted within the Robotic Tool code and any other location where the Bot User ID is stored.

▪ The Bot User ID will be associated with **<u>only</u>** one Insurer.

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