

Data Product Order Form 805 (Rev. 03/2022)

Instructions

Purpose of Form

Use this form to order WCIRB statistical data products on the WCIRB website, wcirb.com, as well as custom data products.

Ordering Data Products

Standard Data Products

Consult wcirb.com for the product number, description and price and enter in section E of this form.

Custom Data Products

Call the WCIRB Contact Center to request custom data products. The Contact Center will provide a description to enter in section E. Enter AC9000A as the product number. Leave the Price Not to Exceed column blank. Upon receipt of the completed form, the WCIRB Contact Center will advise regarding the Price Not to Exceed.

If ordering one or more custom data products as well as statistical data products listed on wcirb.com, use a separate Form 805 for the custom data product(s) requested. Each form must be fully completed and signed.

Statement of Use and Data Sharing

In order to process the order, a statement regarding the business use of the data product is required in section C. An indication of whether the data will be shared with a third party and, if so, the name and contact information of the third party must be provided in section D.

Approval

The signature of an authorized individual in section F approving the order, as listed, is required prior to preparation of the License Agreement and subsequent production of the data product.

License Agreement

After receipt of the signed order, a License Agreement is prepared and sent for signature through DocuSign. The signed License Agreement must be received before the WCIRB will produce or deliver the data product.

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 products, the total D/H charge is five times the unit charge.

| Delivery Method | D/H Fee |
|-----------------|--------------|
| Electronically | \$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, 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 |
|--------------|-------|

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

C. Statement of Specific Business Use (This information is REQUIRED in order to establish the License Agreement.)

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D. Data Sharing (This information is required in order to establish the License Agreement.)

☐ No

☐ Yes (If yes is checked, provide the name and contact information of the company with which the data will be shared.)

| | | | |
|--------------|-------|-------|-----|
| Contact Name | Title | | |
| Company Name | | | |
| Address | City | State | Zip |
| Telephone | Email | | |

E. Product Order

| Qty. | Product Number | Product Description | Unit Price | Total Price (or Price Not to Exceed for custom products) |
|---|----------------|---------------------|------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Order Subtotal | | | | |
| Delivery and Handling Enter total D/H fee for all units ordered (\$5 per unit) | | | | |
| ORDER TOTAL | | | | |

F. Order Approval (Authorized Signature Required)

| | |
|--------------------------------|-------------------------------------|
| Name of Authorizing Individual | Signature of Authorizing Individual |
| Telephone | Email |