

Letter of Authorization — Policyholder Data Form 810 (Rev. 10/2014)

Instructions

Purpose of Form

This form serves as a policyholder's Letter of Authorization authorizing the WCIRB to release policyholder data as described in the Types of Data section.

This authorization applies to data accessed online by registered users of the WCIRB online service for insurers and casualty broker-agents (Website), or to data requested directly from the WCIRB Customer Service Department in conjunction with Form 801 - Policyholder Product Order Form.

Who Can Submit This Form

This form is intended for use by:

- An insurer licensed to transact workers' compensation insurance in California that is not the policyholder's current insurer of record.
- An insurer licensed to transact workers' compensation insurance in California that is requesting policyholder data from a prior period in which it was not the insurer of record.
- A casualty broker-agent licensed to transact workers' compensation insurance in California who either is not the Broker of Record for the policy or is the Broker of Record but whose name does not appear on the Policy Information Page.

Types of Data

This form serves as a policyholder's Letter of Authorization permitting the WCIRB to release the following types of data to an insurer or casualty broker-agent:

- Comprehensive Risk Summary (CRS) (Insurers Only, Website only)
- Ratesheets (Website or submitted to the WCIRB with Form 801)
- Inspection Reports (Website or submitted to the WCIRB with Form 801)
- Unit Statistical Reports (Submitted to the WCIRB with Form 801 only)

How to Submit This Form

The insurer or casualty broker-agent must possess a valid Letter of Authorization signed on or before the date of accessing the policyholder data. The WCIRB reserves the right to audit any individual requesting policyholder data.

You may upload a completed, signed Form 810 at the time of accessing a policyholder's ratesheets, inspection report or CRS (insurers only) provided that you retain the original signed form for thirty (30) days from the date of access.

If Form 810 is not uploaded at the time of access, you must retain a copy for twelve (12) months, and the WCIRB may audit the insurer or casualty broker-agent by requesting that a copy of the signed Form 810 is provided within one week of the request for data.

Notice - Audit Requirements

The requesting insurer or casualty broker-agent must comply with all audit requests from the WCIRB by providing a copy of the signed Form 810 within one week of any request. Failure to obtain a duly executed Letter of Authorization and to provide the Letter of Authorization upon request may result in termination of access to the Website and referral to the California Department of Insurance for appropriate action.

Form Completion

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

Questions/Additional Information

Email customerservice@wcirb.com or call WCIRB Customer Service toll free: 888.CA WCIRB (229.2472) between the hours of 7:30 A.M.–5:00 P.M. PST.

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Incomplete forms may result in a delay or a failure to process the request.

This form is to be completed by the named Policyholder; if the Policyholder is a business entity, it must be completed by a principal of the company or other business entity.

Release of Policyholder Data from the Workers' Compensation Insurance Rating Bureau of California

I, _____, am the Policyholder or am the _____
Name of Policyholder Title — Must Be a Principal of Policyholder Business Entity

of _____
Policyholder's Business Name

located at _____
Street Address — No P.O. Boxes City State Zip

I hereby authorize _____
Name

of _____
Business Name Valid California Casualty Broker-Agent License Number or NAIC Number

located at _____
Address City State Zip

to access the following policyholder data from the WCIRB. (Check applicable boxes.)

Website Access

- Most recent Inspection Report
- Ratesheets for the following years _____
- Comprehensive Risk Summary (**Insurers Only**)

Requests Submitted to WCIRB Customer Service (Not Online)

- Most recent Inspection Report
- Ratesheets for the following years _____
- Unit Statistical Reports for the following years _____

This Letter of Authorization is valid only for this specific request.

I, _____ hereby agree to indemnify and hold the WCIRB harmless from and against
Name of Policyholder

any claim against the WCIRB related to the WCIRB's provision of such policyholder data provided as a result of signing this Letter of Authorization.

I warrant and represent that I am authorized to act for and bind _____
Policyholder's Business Name

for purposes of authorizing the release of policyholder data as indicated above.

Policyholder Signature Date

Printed Name