Form 310 (Rev. 07/2023)

### **Instructions**

#### **Use of This Form**

This form is for use by **WCIRB member insurers (Insurers) only** to (1) begin the process of enrolling in WCIRB AnalyticsPortal alone or with WCIRB Inquiry® and/or Class-in-tel<sup>SM</sup> or (2) add WCIRB Inquiry and/or Class-in-tel to a current AnalyticsPortal subscription. Upon receipt of this completed form, the WCIRB will prepare a WCIRB AnalyticsPortal Agreement (Agreement) or other contract documents for execution based on the information provided on this form.

#### **AnalyticsPortal Enrollment**

WCIRB AnalyticsPortal provides access to executive level benchmarking reports and data quality dashboards.

WCIRB Inquiry provides powerful classification experience and aggregate financial data query tools and detailed reports.

Class-in-tel allows for the review of classification metrics by region, employer size, claim characteristics and industry as generated from unit statistical report claims and payroll data, pure premium rates and additional sources of information.

Submission of this completed form is required to initiate the enrollment process for the Insurer.

#### **Pricing**

There is no charge for accessing WCIRB AnalyticsPortal.

The fee for accessing WCIRB Inquiry is determined using the most recent available pure premium written on California workers' compensation policies reported to the WCIRB by the Insurer. The fees shown below are based upon a calendar year and will be prorated for Insurers enrolling within a calendar year.

Written Pure Premium	Annual Fee
\$0 to \$250 million	\$8,000
More than \$250 million	\$16,000

The annual fee for accessing Class-in-tel is \$4,000. The fee is based upon a calendar year and will be prorated for Insurers enrolling within a calendar year.

#### **Required Information**

#### Section A - Insurer/Group Information

List the name of the Insurer or Insurer(s) in the Insurer Group.

Access to information in WCIRB AnalyticsPortal, WCIRB Inquiry and Class-in-tel is impacted by how an Insurer reports data to the WCIRB.

Insurers that are within the same NAIC group may enroll jointly and access WCIRB Inquiry reports and Class-in-tel information for one, some or all of the Insurers within the group. However, due to how aggregate financial data is reported to the WCIRB, some groupings may limit access to some aggregate financial data and corresponding reports. In addition, access to the reports and dashboards available in WCIRB AnalyticsPortal is restricted to authorized individuals of the Insurer.

The WCIRB will work with Insurers to determine the constituents of the grouping that are most appropriate while safeguarding access to Insurers' data.

#### Section B - Primary Contact

The Insurer must designate a Primary Contact who has the authority to act on behalf of the companies subscribing to WCIRB AnalyticsPortal, WCIRB Inquiry and/or Class-in-tel.

#### Section C – General System Administrator (GSA)

The Insurer must designate a General System Administrator who will be responsible for establishing and administering user accounts for the Insurer. This information is not required for current AnalyticsPortal subscribers wishing to enroll in WCIRB Inquiry and/or Class-in-tel.

#### Section D - Legal Contact

The Insurer must designate an officer of, or attorney affiliated with, the Insurer as the Legal Contact. The Legal Contact must be authorized to accept legal notices.

#### Section E - Insurer Signatory

Each Insurer must identify a signatory who is an officer of, or attorney affiliated with, the Insurer and who is authorized to legally bind the Insurer and to sign any agreements on behalf of the Insurer.

### Form Completion

This form may be completed electronically, printed or typed, and emailed or mailed to:

Email contracts@wcirb.com

Mail WCIRB Legal Department
1901 Harrison St., 17th Floor
Oakland, CA 94612

If you have questions about this form, contact the WCIRB Contract Administrator at contracts@wcirb.com.



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A. Insurer/Group Information			
Name of Insurer or Insurer Group		NAIC Group Number (if known)	
If enrolling an Insurer Group, list all	Insurers included in this enrollment request:		
-			
Name	ne authority to act on behalf of all the insurers identified in Sec Title	5.0117.	
Company Name			
Address	City	State Zip	
Felephone	Email	Email	
C. General System Administ	rator (GSA)		
	ister users for all the Insurers identified in Section A. Current ss-in-tel and/or WCIRB Inquiry do not need to complete this se		
Name	Title		
Company Name			



City

State

Zip

Address

Telephone

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D. Legal Contact	ial Contact	D. Lega
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The Legal Contact must be (1) an officer of, or attorney affiliated with, the Insurer or Insurer Group and (2) authorized to accept legal notices on behalf of all the Insurers identified in Section A.

Name	Title	
Company Name		
Address	City	State Zip
Telephone	Email	_
E. Insurer Signatory		
the Insurer or Insurer Group, (2) authorized to I contract documents on behalf of the Insurer. If	It have an Insurer Signatory who is (1) an officer legally bind the Insurer and (3) authorized to sign the Insurer Signatory does not have authority to s identified in Section A, multiple signatories are	n the Agreement or other sign the Agreement or other
	authorized to sign the Agreement or other contra box is not checked, Section G must be complete	
Name	Title	
Company Name		
Address	City	State Zip
Telephone	Email	
Class-in-tel, check the applicable box(es) be access WCIRB AnalyticsPortal, WCIRB Inquiry Third Party Entity Registration Form — WCIRE	(TPE) access to WCIRB AnalyticsPortal, WC elow. Each Insurer identified in Section A that w and/or Class-in-tel on the Insurer's behalf must Inquiry (Form 908) and sign a Consent to Use Inquiry Agreement) before any TPE will be given	vishes to authorize a TPE to t submit a completed Form 908, Third Party Entity and
Request Insurer access to WCIRB Inquiry		
Request Insurer access to Class-in-tel.		
Request TPE Access to WCIRB Analytics	Portal, WCIRB Inquiry and/or Class-in-tel.	



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#### **G. Additional Signatory(ies)** (see Section E)

Each Insurer Signatory must be (1) an officer of, or attorney affiliated with, the Insurer, (2) authorized to legally bind the Insurer and (3) authorized to sign the Agreement or other contract documents on behalf of the Insurer.

Name	Title		
Company Name			
Address	City	State Z	їр
Telephone	Email		
Name	Title		
Company Name			
Address	City	State Z	iip
Telephone	Email		
Name	Title		
Company Name			
Address	City	State Z	Ϊp
Telephone	Email		
Name	Title		
Company Name			
Address	City	State Z	ïp
Telephone	Email		