

WCIRB Member Office and Contact Designation Form 804 (Rev. 03/2020)

Instructions

Purpose of Form

This form is for WCIRB members to provide the WCIRB with information on the locations of their Home Office, Policy Issuing Office and Unit Statistical Reporting (USR) Office as well as designated contacts within their company, or to notify the WCIRB of updates to this information.

Form Submission

This form should be completed electronically and emailed to the Data Quality Assurance office.

- For existing WCIRB members providing updated office or contact information, please only complete the applicable sections of this form.
- For new WCIRB members, please complete all sections of this form.

Email: dqa@wcirb.com

Definitions

Home Office

The physical address of the insurer's headquarters or main office location.

Policy Issuing Office and Contact

The office where policies underwriting California workers' compensation coverage are issued. Policy correspondence and related information will be sent to this address. The designated individual will be the primary contact for all policy-related issues.

Financial and Billing Contact

The designated individual will be the WCIRB's primary contact for all financial matters and to whom all invoices for products and services will be sent.

Unit Statistical Reporting (USR) Office and Contact

The office handling unit statistical reporting for the insurer. USR correspondence and related information will be forwarded to this office. The designated individual will be the primary contact for all USR-related issues.

Aggregate Financial Data Reporting Contact

The designated individual will be the primary contact for all aggregate financial data reporting and eSCAD-related issues.

Data Submission Contact

The designated individual will be the WCIRB's primary contact for all policy and USR data submission matters.

Legal Contact

The designated individual will be the WCIRB's primary contact for all legal matters. The Legal Contact must be an officer or attorney affiliated with the insurer, not a Third Party Entity, who is authorized to accept legal notices on behalf of the insurer.

Membership Proxy Information

The WCIRB holds an annual meeting to elect new committee members and adopt changes to the WCIRB constitution. A quorum of Regular members is required at this meeting. (See WCIRB Constitution.) If a Regular member, please designate a person to receive proxy and other annual meeting information.

WCIRB Member Office and Contact Designation Form 804 (Rev. 03/2023)

Home Office

Company Name	NAIC Company Code	NCCI Code	
NAIC Group Name (if applicable)	NAIC Group Code (if applicable)		
Address	City	State	Zip
Telephone	General Company Email (The official company email to receive official notices and communications from the WCIRB)		

Policy Issuing Office

Name of Office			
Address	City	State	Zip
Telephone			

Policy Contact Add Contact Replace Contact*

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email		

**If replacing a policy contact, please provide the name of the contact to be replaced and effective date of the change.*

Name of Contact to be Replaced	Effective Date of Change
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Financial or Billing Contact Add Contact Replace Contact*

Name	Title		
Company Name			
Address	City	State	Zip
Telephone	Email		

**If replacing a financial or billing contact, please provide the name of the contact to be replaced and effective date of the change.*

Name of Contact to be Replaced	Effective Date of Change
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WCIRB Member Office and Contact Designation Form 804 (Rev. 03/2023)

Unit Statistical Reporting Office

Name of Office

Address

City

State

Zip

Telephone

Unit Statistical Reporting Contact

Add Contact

Replace Contact*

Name

Title

Company Name

Address

City

State

Zip

Telephone

Email

**If replacing a unit statistical reporting contact, please provide the name of the contact to be replaced and effective date of the change.*

Name of Contact to be Replaced

Effective Date of Change

Aggregate Financial Data Reporting Contact

Add Contact

Replace Contact*

Name

Title

Company Name

Address

City

State

Zip

Telephone

Email

**If replacing an aggregate financial data reporting contact, please provide the name of the contact to be replaced and effective date of the change.*

Name of Contact to be Replaced

Effective Date of Change

Data Submission Contact

Add Contact

Replace Contact*

Name

Title

Company Name

Address

City

State

Zip

Telephone

Email

**If replacing a data submission contact, please provide the name of the contact to be replaced and effective date of the change.*

Name of Contact to be Replaced

Effective Date of Change

2 of 3

WCIRB Member Office and Contact Designation Form 804 (Rev. 03/2023)

Legal Contact Add Contact Replace Contact*

Name Title

Company Name

Address City State Zip

Telephone Email

**If replacing a legal contact, please provide the name of the contact to be replaced and effective date of the change.*

Name of Contact to be Replaced Effective Date of Change

Membership Proxy Information (Regular members only)

Name Title

Company Name

Address City State Zip

Telephone Email

Contact Information of Individual Completing This Form

Name Title

Company Name

Telephone Email