

Special Power of Attorney Form 809 (Rev. 08/2012)

Instructions

Purpose of Form

This form provides a Special Power of Attorney that must accompany a request for policyholder information (such as Form 801 Policyholder Product Order) when the policyholder is authorizing the release of information to an insurance consultant or other third party who is not an insurer, agent or broker licensed to transact workers' compensation insurance in California.

Use of Form

This form is intended for use by the policyholder to authorize individuals such as insurance consultants who are not insurers, agents or brokers licensed to transact workers' compensation insurance in California to receive their policyholder information.

Form Completion

- This form can be completed electronically; however, the form requires a signature and must be printed and signed by an authorized individual
- If not completed electronically, print or type all information
- Complete all information requested on the form

Form Submission

The original of this form must be mailed or express mailed to the WCIRB

MAIL WCIRB
 Customer Service
 525 Market Street, Suite 800
 San Francisco, CA 94105-2767

Questions/Additional Information

Call WCIRB Customer Service toll free
888.CA WCIRB (229.2472) 7:30 a.m.–5:00 p.m. PST.

Special Power of Attorney Form 809 (Rev. 08/2012)

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 company, it must be completed by a principal of the company.

Release of Policyholder Information 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 Company

of _____
Policyholder's Company Name

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

appoint _____ of _____
Name of Attorney In Fact Company Name

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

to act in my place for the limited purpose of obtaining policyholder information from the Workers' Compensation Insurance Rating Bureau of California (WCIRB) as set forth in California Insurance Code, Section §11752.6.

I further grant to my Attorney In Fact full authority to act in any manner proper and necessary to the exercise of the foregoing powers, and ratify every act that _____ may lawfully perform in exercising those powers.
He/She

This Special Power of Attorney is granted as of the date set forth next to my signature below and is good only until the earlier of one year from such date, or such date that I revoke this Special Power of Attorney and notify the WCIRB in writing thereof.

_____ hereby agrees to indemnify and hold the WCIRB harmless from and
Name of Policyholder
against any claim against the WCIRB related to the WCIRB's provision of such policyholder information provided as a result of signing this Special Power of Attorney.

I warrant and represent that I am authorized to act for and bind _____
Name of Policyholder
under this Special Power of Attorney.

The foregoing is executed under penalty of perjury under the laws of the State of California

this day, _____, of _____ of _____
Date Month Year

at _____,
City State

Signature Printed Name

Two independent witness signatures are required.

Witness 1 Signature Witness 1 Printed Name

Witness 2 Signature Witness 2 Printed Name