

Delaware Insurance Plan Manager (DIPM) User Guide

Delaware Compensation Rating Bureau, Inc.



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Table of Contents

PURPOSE OF GUIDE..... 4

SECTION 1 – APPLICATION ACCESS, PRIVACY, AND SYSTEM REQUIREMENTS 4

 Application Access 4

 Privacy..... 4

 System Requirements..... 4

SECTION II – LOGIN TO DIPM..... 4

 Logging into DIPM..... 4

 First-Time User 5

 Forgotten Password..... 5

SECTION III – DIPM NAVIGATION OVERVIEW 7

 DIPM Navigation 7

 Home Screen..... 7

 Navigation Bar 7

 Applications Menu..... 8

 New Application 8

 Frequently Asked Questions (FAQ)..... 9

 Payment..... 9

 Linked Accounts..... 9

 Past Transactions..... 9

SECTION IV. – COMPLETING THE APPLICATION 10

 New Application 10

 General Information 10

 Requested Effective Date 11

 Binding of Coverage 11

 Delayed Processing and Rejection of Application..... 12

 Name of Employer and Federal Employers Identification Number (F.E.I.N) 12

 Addresses 13

 Legal Status 13

 Sole Proprietorship or Partnership as Legal Status..... 13

 Corporation or Limited Liability Company (LLC) as Legal Status..... 13

 Other as Legal Status 14

 Name Change 14

 Operations in Other States..... 14

 Insurance Record..... 14

 Previous Workers Compensation Coverage 14

 Unpaid Premium 15

 Common Ownership with another Entity 15

 Insurance Refusal 16

 Corporate Officer or Sole Proprietor..... 16

 Sole Proprietor Election (Includes Partners of a Partnership). 16

 Corporate Officer (Includes Members of a Limited Liability Company (LLC)) 16

 Nature of Business 16

 Calculation of Estimated Annual Premium 17

 Increased Limits..... 17

 Experience Modification 17

 Merit Rating Adjustment..... 18

 Deposit Premium..... 18

 Deposit Premium Payment 18

 Financed Deposit Premium..... 19

 Applicant Statement..... 19

 Agent and Producer 19

- SECTION V – VIEW, SAVING, SUBMITTING THE APPLICATION 20**
 - Saving the Application 20
 - Viewing a Saved Application..... 20
 - Submitting the Application 21
- SECTION VI. SUPPLEMENTAL ATTACHMENTS, FORMS, & PRINTING 22**
 - Adding Attachments 22
 - Printing 23
- SECTION VII. – DEPOSIT PREMIUM PAYMENT 24**
 - Non-Financed Deposit Premium 24
 - Linking a Bank Account..... 24
 - Unlinking a Bank Account..... 25
 - Financed Deposit Premium 26
- SECTION VIII. – APPLICATION STATUS 26**
 - Application Status Meaning..... 26
 - Saved..... 26
 - Application Comments 26
 - Submitted 27
 - Application History 27
 - Returned 27
 - Approved 28
 - Payment Pending..... 28
 - Paid 28
 - Failed Payment 29
 - Assigned..... 29
- SECTION IX. – DELETING AN APPLICATION 29**
 - Deleting an Application 29

PURPOSE OF GUIDE

The Delaware Insurance Plan Manager (DIPM) Web application provides the ability for agents and employers to submit assigned risk applications for workers compensation insurance coverage through the Delaware Workers Compensation Insurance Plan.

This guide will provide instructions and helpful hints for using the DIPM Web Application. It is recommended that the user read this entire document before using the application.

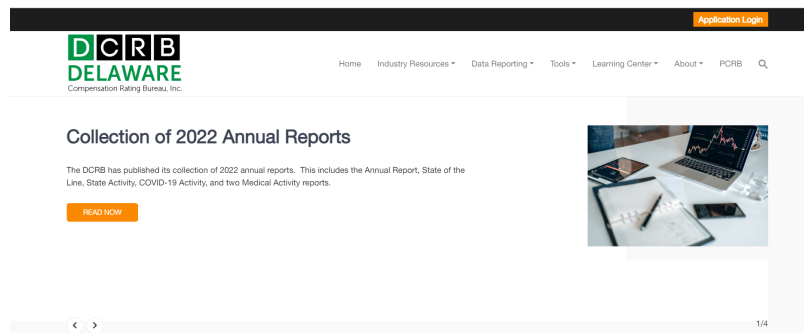
For any technical questions not covered in this user's guide, please contact the DCRB, Inc. at (215) 320-4933 or centralsupport@dcrb.com.

For business questions, please contact the Assigned Risk Department at (215) 320-4420 or dipm@dcrb.com.

SECTION 1 – APPLICATION ACCESS, PRIVACY, AND SYSTEM REQUIREMENTS

Application Access

It is recommended, that users of the Delaware Insurance Plan Manager (DIPM) must have access to the internet. DIPM can be accessed via a link on the DCRB's website, www.dcrb.com, by selecting the Application Login on the top right of the page.



To use DIPM, agents and employers must request access to DIPM and register with the DCRB. See user roles and login information within the posted FAQs. For additional login or access assistance needed, please contact the DCRB, Inc. at (215) 320-4933 or centralsupport@dcrb.com.

Privacy

Agents and employers may view the DCRB's Privacy and Security Statement within the Application Login. The Application login screen contains a Privacy link that will provide access to the *Privacy and Security Statement*.

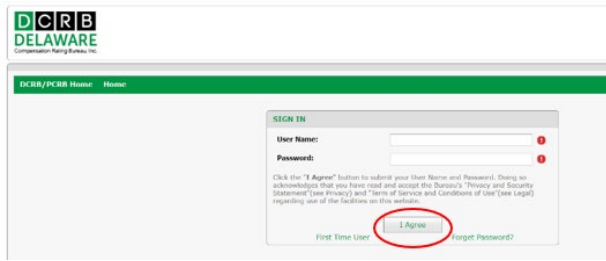
System Requirements

To access DIPM, you will need internet connectivity and the latest version of Google Chrome. For additional login or technical assistance needed, please contact the DCRB, Inc. at (215) 320-4933 or centralsupport@dcrb.com.

SECTION II – LOGIN TO DIPM

Logging into DIPM

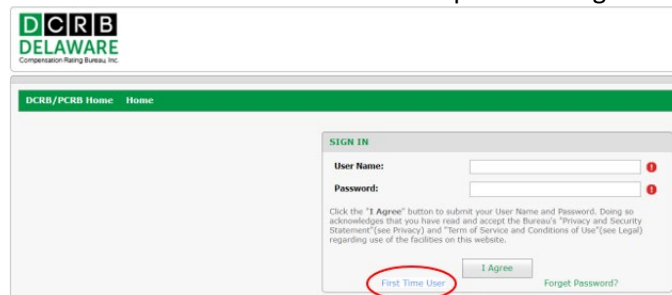
Registered agents and employers should enter the **Username** and **Password**. The password field is case-sensitive.



Prior to logging into the DIPM application, you must agree to the DCRB Terms of Use and Privacy and Security Statement by clicking the “I Agree” button.

First-Time User

If you are not a registered user, click the **First Time User** link and complete the registration as an **Agent** or **Employer**.



Delaware Insurance Plan Manager is only available to registered agents and employers. As an Agent User, you may request access to DIPM from your Agent Group Administrator (AGA).

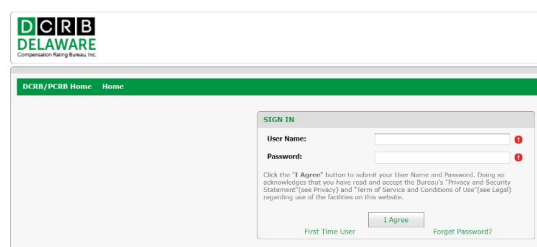
Once signed into the Application Login, click on **Request Access>To Application** and select **Delaware Insurance Plan Manager** from the list of available applications. After requesting access, your AGA will be notified and then have the ability to approve/reject your request for access. Contact DCRB Central Support if you experience any issues with access to the application.

There are two types of access available for DIPM users: View/Edit and View Only. **The Agent Group Administrator (AGA) for your agency is responsible for setting up each user’s access privileges.**

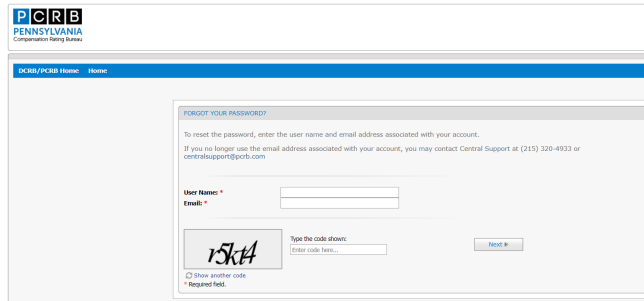
Once successfully logged in, the user will observe the Application Manager home screen. Select Delaware Insurance Plan Manager to launch the application.

Forgotten Password

If a user forgets their password at the Login Page, they must click the “Forgot Password?” link.



The user will be prompted to enter their username, email address, and a captcha code to proceed.



Once entered, the user will receive an email that contains a verification code.

From: noreply@pcrb.com <noreply@pcrb.com>
 Sent: Friday, May 19, 2023 9:39 AM
 To:
 Subject: Verification Code

Your verification code is:

486990

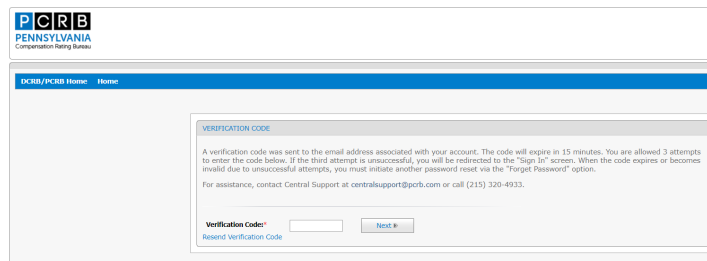
This code will expire in 15 minutes. You are allowed 3 attempts to enter this code on the verification screen. If the third attempt is unsuccessful, you will be redirected to the "Sign In" screen. When this code expires or becomes invalid due to unsuccessful attempts, you must initiate another password reset via the "Forgot Password" option.

For assistance, contact Central Support at centralsupport@pcrb.com or call (215) 320-4933.

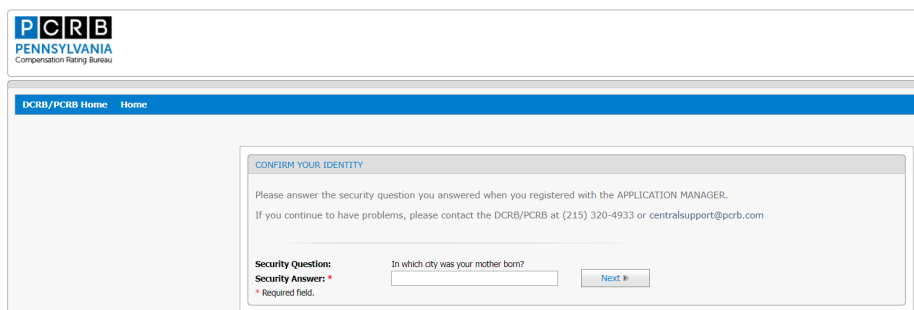
CONFIDENTIALITY NOTICE: This e-mail is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this communication in error, please do not distribute and delete the original message. Please notify the sender by E-Mail at the address shown. Thank you for your compliance.

This email has been sent from an automated system. DO NOT REPLY.

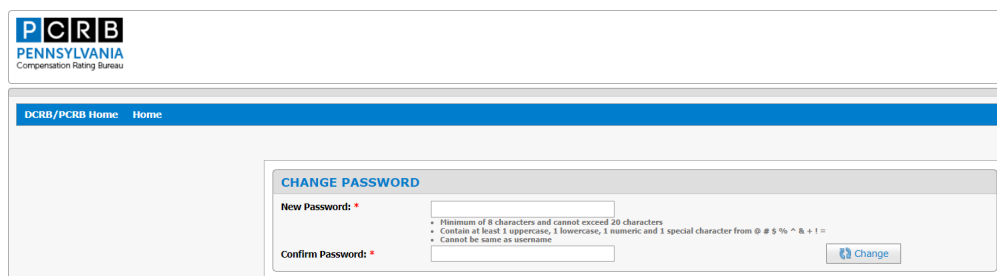
This verification code should be entered into the screen prompt and then select next.



Once the verification code has been confirmed, the user will need to answer a security question. This was a previously designated security question setup when the initial account was created.



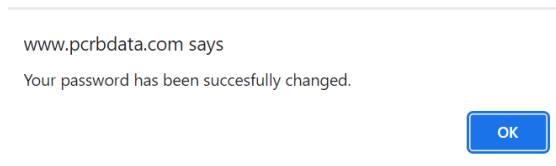
Once these steps are completed, you will then be able to change your password.



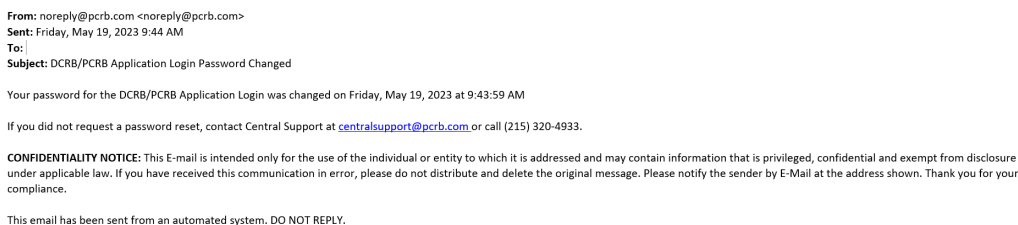
Password criteria is as follows:

- Minimum of eight characters but cannot exceed 20 characters
- Contain at least 1 uppercase, 1 lowercase, 1 numeric, and 1 special character from @, #, \$, %, ^, &, +,!, and =
- Cannot be the same as username

Once the password has successfully been changed, you will see a message indicating the change. Simply select OK to proceed and you will be redirected to the login screen.



In addition to the message above, you will also receive an email confirming the password change.



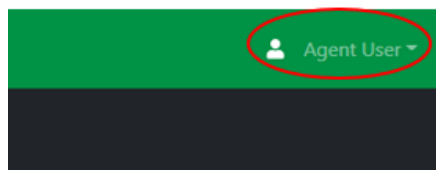
SECTION III – DIPM NAVIGATION OVERVIEW

DIPM Navigation

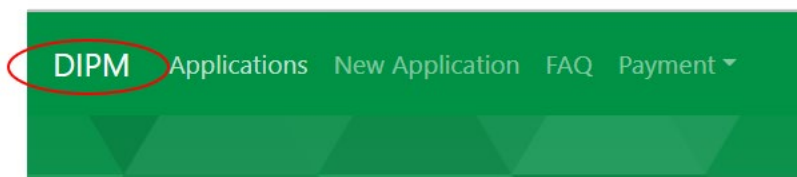
DIPM was designed with an intuitive user interface that makes it easy to create and view Assigned Risk applications. This section provides an overview of the interface and explains some of the features available while navigating the DIPM application.

Home Screen

Once successfully logged into DIPM, the agent or employer will observe the home screen depicted below. Based on the User ID and password, the application will identify the individual in the right-hand corner of the home screen.

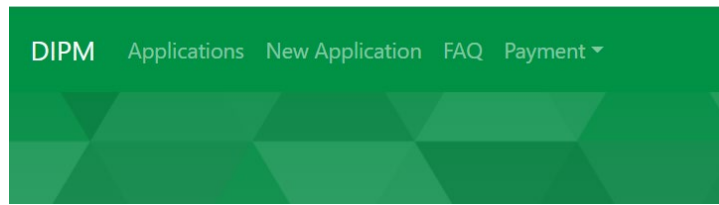


To return to the home screen at any time, select the DIPM icon on the top left-hand side of the navigation bar.



Navigation Bar

The navigation bar allows a user to navigate to different sections within the DIPM application.



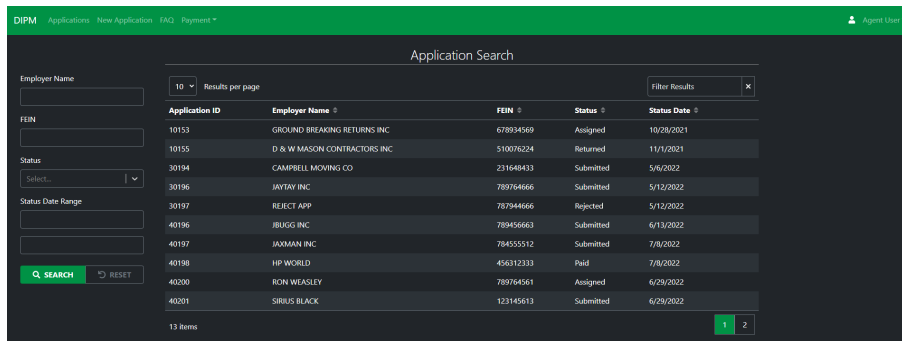
Applications Menu

This section will bring the user to the Application Search screen. The user will have the ability to search by the employer’s name, FEIN, status, and status date range. The results can be filtered by any data available in the columns.

The employer-user will only see applications that have been entered by the employer.

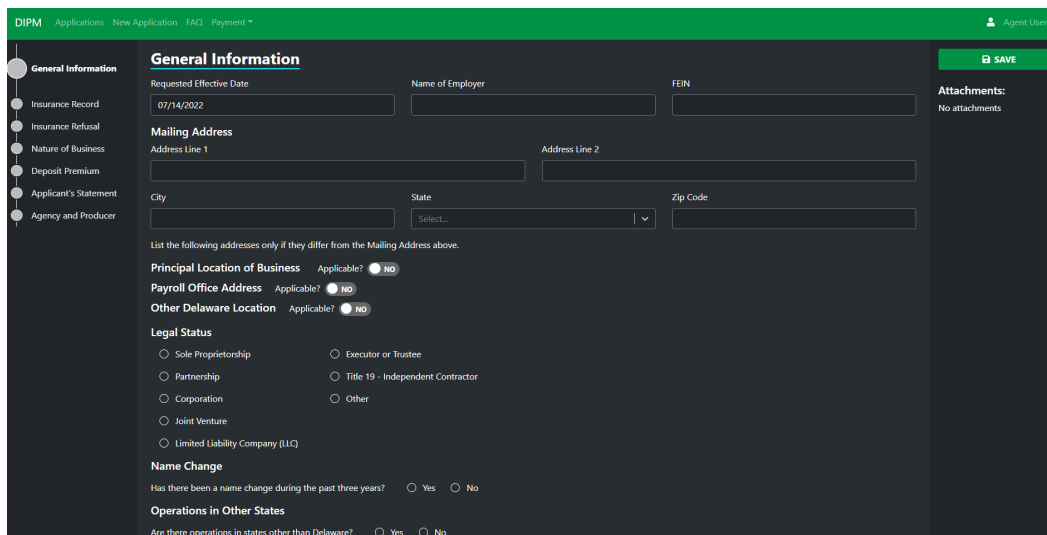
The agent-user will only see applications that are affiliated with their agency.

Users can change the number of results displayed by using the dropdown beside the ‘Results per page.’ The number of pages will display at the bottom of the screen and a user can navigate between the pages by clicking the number of the page.



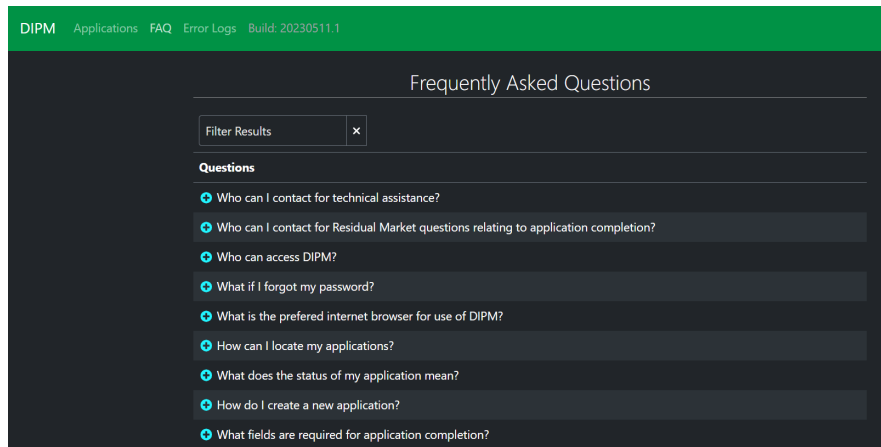
New Application

The New Application menu will open you to a blank application. The additional details on the application are broken down in the Navigating the Application section of this document.



Frequently Asked Questions (FAQ)

The FAQ menu will open the Frequently Asked Questions screen and a user can review the details on the screen. The user can filter for specific words and the questions that contain those words will display.

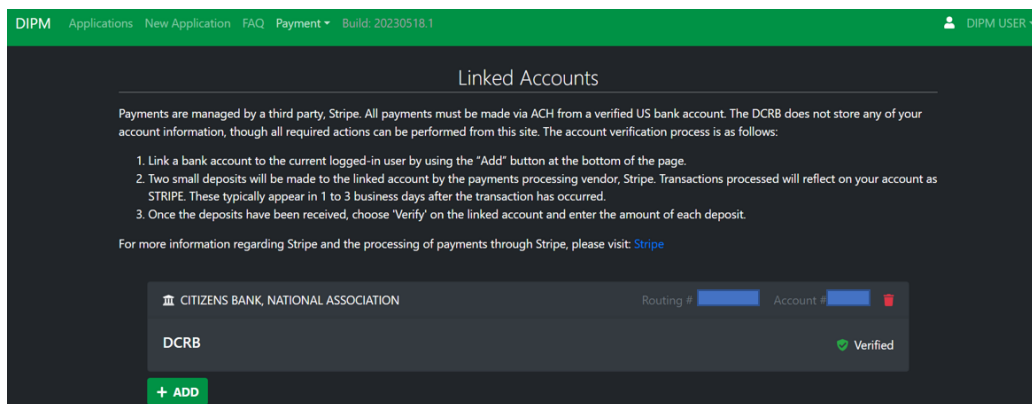


Payment

The Payment menu contains two menu options 'Linked Accounts' and 'Past Transactions.'

Linked Accounts

The Linked Accounts screen will allow users to set up an account to make payments. Payments are managed by a third party, Stripe. All payments must be made via ACH from a verified US Bank account. DCRB does not store any account information, though all required actions can be performed on the DIPM application. The user will link to a bank account, and they can view the accounts on this screen.



Past Transactions

By selecting the Payment menu and submenu of Past Transactions a user can review all payment history associated with that user.

This screen will provide a summary of all transactions processed.

The summary view will provide

- Application ID – This is a unique identifier for the application submitted.
- Employer Name – Name of the insured.
- Agent/Employer – Name of the agent or employer that completed the application.
- FEIN – Federal Employer Identification Number.

- Amount Paid – The amount of deposit premium paid.
- Payment Status – Most current payment status for the application.
- Application Creation Date – The date in which the application was created.

You may filter on results by applying a text filter located within the upper right hand of the screen. Filters may be applied for any of the available field summary items noted above.

You may also view or open an application from this screen by selecting the application line item within the summary. Once selected, the application will automatically open.

Application ID	Employer Name	Agent / Employee Name	Fein	Amount	Payment Status	Created
791	BOWER TRUCKING LLC	DIPM USER	473978086	2825	DCO Processed	5/2/2023
792	ERG TRUCKING LLC	DIPM USER	815133337	2126	DCO Processed	5/3/2023
793	BENCHMARK SPORT HORSES LLC	DIPM USER	832595604	3286	DCO Processed	5/3/2023
794	FIRE FREE CHIMNEY SWEEPS, LLC	DIPM USER	923306630	2630	DCO Processed	5/4/2023
795	PALOMA HARVESTING INC	DIPM USER	205833830	3593	DCO Processed	5/5/2023
797	LUDIVINA MARTINEZ	DIPM USER	472824966	4322	DCO Processed	5/4/2023
798	ACA OUTDOOR LIVING LLC	DIPM USER	612000773	4612	DCO Processed	5/8/2023
799	BERDUO SANDOVAL MAINTENANCE SERVICES LLC	DIPM USER	611972738	1992	DCO Processed	5/10/2023
800	ESPB LLC	DIPM USER	923482321	485	DCO Processed	5/11/2023
801	TWO BROTHERS ROOFING LLC	DIPM USER	364978402	9348	DCO Processed	5/11/2023

SECTION IV. – COMPLETING THE APPLICATION

New Application

The user can enter an application by clicking the ‘Apply Now’ button from the home screen or clicking the ‘New Application’ menu. The left-hand side of the application will display the different sections of the application. When an application begins each section will display as gray. Once an application is saved, the buttons beside the section names will display as green or red. If the section has a green checkmark, then the section is complete. If the section has a red x, then there are fields in the section that have not been completed and are required.

General Information

Requested Effective Date: 10/11/2022

Name of Employer: [Field]

FEIN: [Field]

Mailing Address

Address Line 1: [Field]

Address Line 2: [Field]

City: [Field]

State: [Select...]

Zip Code: [Field]

List the following addresses **only if they differ** from the Mailing Address above.

Principal Location of Business Applicable? NO

Payroll Office Address Applicable? NO

Other Delaware Location Applicable? NO

Legal Status

Attachments: click [here](#) for DCRB forms. No attachments.

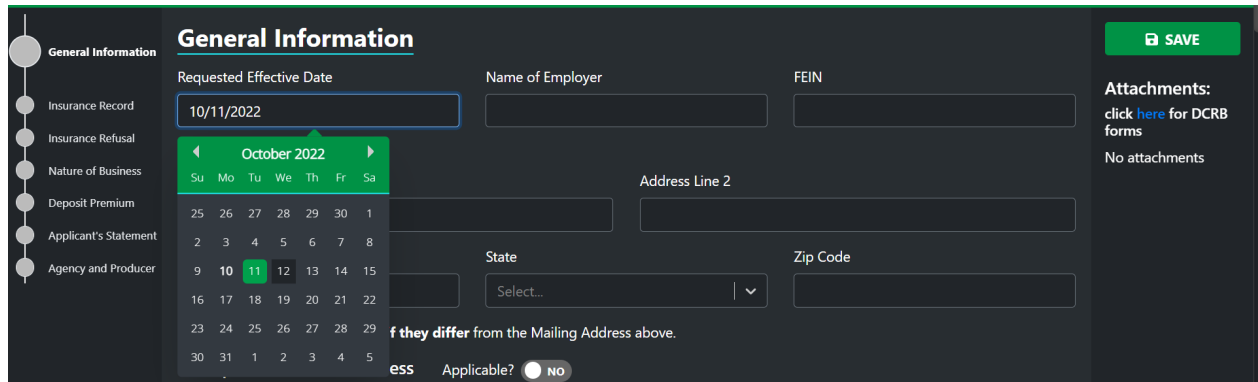
SAVE

General Information

Requested Effective Date

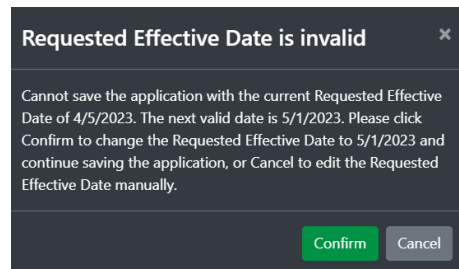
The DIPM application will default to the next business day for the “Requested Effective Date.” The user can re-enter or alter the requested effective date by clicking within the date field and selecting a future date.

Note: All requested dates must be in the future. Same day selection is not available.



Requested coverage will not be bound earlier than 12:01 A.M. on the first day following the receipt of payment for the deposit premium. Coverage will be effective 12:01 A.M. on the first day following receipt unless a later date is requested.

If you started an application and have yet to submit payment you may see the below notification the next time you access it and attempt to save it. Simply confirm or if a future date is being requested, please select cancel and access the requested effective date field to complete the requested date.



Binding of Coverage

In all instances, the DCRB is limited in its binding authority as follows:

- The DCRB can only bind coverage if a deposit for the correct deposit premium is received with the application. Only electronic payments using DCRB’s payment vendor, Stripe, within the Delaware Insurance Plan Manager (DIPM) are accepted.
- The DCRB cannot bind coverage if the declination requirements are not met or if the employer has received an offer of voluntary coverage.
- The DCRB cannot bind coverage for an employer who is in default of premium or who has an outstanding audit due on a prior Delaware workers compensation policy. If, after policy issuance, the insured does not meet all workers compensation insurance premium obligations under a previous policy or under a present policy, the insured’s present carrier retains the right to cancel a policy currently in force under this Plan.
- The DCRB cannot bind coverage if the employer already has a Delaware workers compensation insurance policy in effect.

- In no event shall coverage be bound earlier than 12:01 A.M. on the first day following the application completion (including the estimated annual or deposit premium) or the expiration of existing coverage, whichever is later.
- Applications submitted through the Delaware Insurance Plan Manager (DIPM) will be bound twenty-four hours (24) following receipt of the application and the deposit premium.
- All applications submitted through DIPM will be reviewed for accuracy using any available historic information regarding the employer.

Delayed Processing and Rejection of Application

To avoid a lapse in coverage, it is particularly important to fill in the application completely and accurately. Whether the employer or agent has completed the application, if the application has not been properly completed or there are omissions of necessary information, the assignment of coverage may be delayed.

Listed below are some of the common reasons for delay in processing an application:

- Payment of Deposit Premium
- Omission of carrier declinations
- No description of operations/business
- Coverage already in force
- FEIN omitted
- Delaware location omitted
- Outstanding premium owed*
- Failure to comply with an audit on prior policy

*Application will be returned.

If the application is incomplete, the agent will be notified. If an agent does not exist, the employer will be notified. Requested information to complete the application process must be provided along with payment of the deposit premium. Coverage will be bound as of 12:01 a.m. on the first day following receipt of the required information and payment of the deposit premium.

If an application is returned due to insufficient information or deposit premium, the application will remain in the “returned” status until all information has been completed and payment is submitted.

If an application does not meet the eligibility requirements, the application will be rejected and returned to the agent (to the employer if there is no agent) with no coverage provided.

If coverage is bound pursuant to the above, the DCRB shall issue a 30-day binder with copies provided to the agent, employer, and the servicing or direct carrier to which the DCRB assigned coverage for the employer. The policy shall be issued for a term of at least one year unless a shorter policy term has been requested.

Name of Employer and Federal Employers Identification Number (F.E.I.N)

The user will be required to enter the name of the employer and the FEIN. This information is required for application submission.

General Information

Requested Effective Date: 10/11/2022

Name of Employer: [Text Field]

FEIN: [Text Field]

Mailing Address

Address Line 1: [Text Field]

Address Line 2: [Text Field]

City: [Text Field]

State: Select... [Dropdown]

Zip Code: [Text Field]

Addresses

The user enters the mailing address. The user also can enter the principal location of business, payroll office address, and other Delaware locations as they apply. The user can toggle between no and yes to have the additional address selections appear. If a user selects yes, the user can then enter the selected address.

DIPM Applications New Application FAQ Payment Build: 20230519.1

General Information

Requested Effective Date: 05/22/2023

Name of Employer: [Text Field]

FEIN: [Text Field]

Mailing Address

Address Line 1: [Text Field]

Address Line 2: [Text Field]

City: [Text Field]

State: Select... [Dropdown]

Zip Code: [Text Field]

List the following addresses **only if they differ** from the Mailing Address above.

Principal Location of Business ⚠ Applicable? **YES** ●

Address Line 1: [Text Field]

Address Line 2: [Text Field]

City: [Text Field]

State: Select... [Dropdown]

Zip Code: [Text Field]

Payroll Office Address Applicable? **NO** ●

Other Delaware Location Applicable? **NO** ●

Legal Status

The user has a selection to choose from to indicate what type of legal status is applicable.

Legal Status

Sole Proprietorship

Partnership

Corporation

Joint Venture

Limited Liability Company (LLC)

Executor or Trustee

Title 19 - Independent Contractor

Other

Sole Proprietorship or Partnership as Legal Status

If selected, additional information will be required within the Sole Proprietorship section of the application such as:

- Name
- Title
- Duties
- Approximate annual salary of the sole proprietor or partners of a partnership and if they will be included in the coverage

Corporation or Limited Liability Company (LLC) as Legal Status

If selected, additional information will be required within the Corporate Officers section of the application such as:

- Name (s)
- Title
- Duties
- Approximate annual salary of all officers or Limited Liability Company members
- User will need to enter whether member is Excluded or Stockholder

- Users will also need to select the type of business:
 - Subject to Title 30, Chapter 25 (construction) - Maximum 4 exclusions
 - Not subject to Title 30, Chapter 25 (non-construction) - Maximum 8 exclusions

Other as Legal Status

If selected, you will need to provide a brief definition of other within the explanation field.

Legal Status

Sole Proprietorship Limited Liability Company (LLC) Other
 Partnership Executor or Trustee Explain
 Corporation Title 19 - Independent Contractor
 Joint Venture

Name Change

The user must answer the question to indicate if there has been a name change. If the user answers yes, the user must provide the name change and date of change.

Name Change

Has there been a name change during the past three years? Yes No

Previous Name Date of Change

Operations in Other States

The user must answer the question to indicate if there are operations in states other than Delaware. If the user answers yes, the user must provide the state, location, and insurance carrier.

Operations in Other States

Are there operations in states other than Delaware? Yes No

State	Location	Insurance Carrier
Select... ▼	<input type="text"/>	<input type="text"/>

Insurance Record

Previous Workers Compensation Coverage

Has there been previous workers compensation insurance coverage in DE? If the user answers yes, they must provide the state, insurance carrier, policy number, from and to dates, premiums, and payroll.

If no, the user must select one of the provided responses: New Business, Previously Uninsured, Previously Self Insured, and Other.

If “Other” is selected, additional explanation is required.

Insurance Record

Has there been previous workers compensation insurance coverage in Delaware?

Yes No If no,

Do you owe any broker, agent, insurance carrier, or other entity workers compensation coverage?

Yes No

Is applicant a parent, affiliate or subsidiary of another entity subject to state workers compensation laws or other applicable federal law?

Yes No

- New Business
- Previously Uninsured
- Previously Self Insured
- Other

Insurance Record

Has there been previous workers compensation insurance coverage in Delaware?

Yes No

If Yes, Insurance Record - Three Previous Years:

State	Insurance Carrier	Policy Number	From	To	Premiums	Payroll
Select... v					\$	\$

Unpaid Premium

The user must answer a question regarding if they owe any broker, agent, or insurance company unpaid premium. If yes, you must provide an explanation and will be warned that coverage may be denied or canceled due to the “yes” response.

Insurance Record

Has there been previous workers compensation insurance coverage in Delaware?

Yes No If no, Select... | v

Do you owe any broker, agent, insurance company unpaid premiums for workers compensations coverage?

Yes No

Is applicant a parent, affiliate or subsidiary, or under common ownership or management with any other entity subject to state workers compensation laws or other applicable federal law?

Yes No

Insurance Record

Has there been previous workers compensation insurance coverage in Delaware?

Yes No If no, Select... | v

Do you owe any broker, agent, insurance company unpaid premiums for workers compensations coverage?

Yes No

If Yes, coverage may be denied or canceled. Explain.

Is applicant a parent, affiliate or subsidiary, or under common ownership or management with any other entity subject to state workers compensation laws or other applicable federal law?

Yes No

Common Ownership with another Entity

The user must answer a question asking if the applicant is a parent, affiliate, or subsidiary, or under common ownership or management with any other entity subject to state workers compensation laws or other applicable federal law.

If yes, they must provide information identifying the identities of the other entities.

Insurance Record

Has there been previous workers compensation insurance coverage in Delaware?

Yes No If no, Select... | v

Do you owe any broker, agent, insurance company unpaid premiums for workers compensations coverage?

Yes No

Is applicant a parent, affiliate or subsidiary, or under common ownership or management with any other entity subject to state workers compensation laws or other applicable federal law?

Yes No

Insurance Record

Has there been previous workers compensation insurance coverage in Delaware?

Yes No

Do you owe any broker, agent, insurance company unpaid premiums for workers compensations coverage?

Yes No

Is applicant a parent, affiliate or subsidiary, or under common ownership or management with any other entity subject to state workers compensation laws or other applicable federal law?

Yes No

If Yes, attach information identifying the entities involved and the workers compensation insurance or self insurance status of the related entities.

Insurance Refusal

As this is the residual market and the insured was unable to obtain coverage in the voluntary market, you must provide two insurance companies that have refused to issue coverage within the last sixty days.

You must provide the insurance company, name of representative, telephone number, and if they are the current carrier for the insured.

Two Insurance Companies Who Have Refused Insurance

List below name of representative and telephone numbers of **two** companies who have refused coverage in the past sixty days. The representative named must be a full-time employee of the insurance company. Current carrier must be one of the carriers declining coverage. The DCRB may require verification of carrier's declination.

Insurance Company	Name of Representative	Telephone Number	Current Carrier ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Corporate Officer or Sole Proprietor

The section title is dynamic depending on the legal status selected in Section 1. The following legal statuses will not have this section as an option: Executor or Trustee, Joint Venture, Title 19 – Independent Contractor, and Other. Sole Proprietor Election (Includes Partners of a Partnership).

The user must provide the name, title, duties, approximate annual salary of the sole proprietor or partners of a partnership and if they will be included in the coverage.

All individuals electing inclusion must complete the applicable endorsement, Sole Proprietors, Partners, Officers, and other Coverage Endorsement (WC 00 03 10). **DIPM will create this form automatically and it will be available under the Print section of the application.**

Corporate Officer (Includes Members of a Limited Liability Company (LLC))

The user must provide the name, title, duties, approximate annual salary, if they are excluded, and if they are a stockholder for all executive officers or LLC members.

Officers of a corporation or members of a Limited Liability Company may elect exclusion from Act. If they choose to be excluded, they must also complete and attach the Agreement by Executive Officer(s)/LLC form.

Nature of Business

The user can select which type of business is being conducted from the list provided: manufacturing, mercantile,

contractor, service, farm, and other.

You must explain the nature of business and completely describe all operations.

Nature of Business, Location, Classification and Payroll in Delaware

Manufacturing Mercantile Contractor Service Farm Other

Explain nature of business/completely describe all operations at this or any other location. Give description of products and list of raw materials (Do not use manual phraseology for description).

Calculation of Estimated Annual Premium

The user will provide the classification code, number of employees, total payroll, and if USL&H applies. The application will provide the rate and calculate the premium. The class code can be found by entering the code or by entering a term in the box.

Calculation of Estimated Annual Premium

Class Code	No. of Employees	Total Payroll	USL&H?	Rate	Minimum Premium	Premium
Select...	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0005 - Tree Pruning					Minimum Premium	\$0
0006 - Field Crop or Vegetable Farm					Total Policy Manual Premium	\$0
0007 - Farm Machinery Operation						
0008 - Mushroom Raising						
0009 - Logging or Lumbering, N.O.C.					Minimum Premium	
0011 - Flower Raising, Cultivating					Premium	
0012 - Landscape Contractor					Experience Modification (Code 9898)	
0013 - Nursery					Standard Premium	
Merit Rating Adjustment	Select...					
Workplace Safety Credit (Code 9880)						
Construction Premium Credit (Code 9046)						
Surcharge (DIP) (Code 0277)						
Deductible Credit (Code 9663)						

Increased Limits

The user will have the option to select to increase the limits of liability from the standard increase options. If the user is not selecting to increase the limits of liability to 500,000/500,000/500,000 or 1,000,000/1,000,000/1,000,000 then they will leave the selection as Not Applicable.

Increased Limits of Liability

Increased Limits Coverage

Not Applicable

Not Applicable

9807 - 500/500/500

9812 - 1000/1000/1000

Experience Modification

The user can provide an experience modification factor if one is applicable by switching the Experience Rated button from “No” to “Yes.” Upon switching the Experience Rated button the field will become editable.

Experience Rated? **YES**

Experience Modification (Code 9898)

Standard Premium \$ 0

Merit Rating Adjustment	Not Applicable	%	\$	0
Workplace Safety Credit (Code 9880)		%	\$	0
Construction Premium Credit (Code 9046)		%	\$	0
Surcharge (DIP) (Code 0277)		%	\$	0
Deductible Credit (Code 9663)		%	\$	0
Less Premium Discount (Code 0063)	0	%	\$	0

Merit Rating Adjustment

The user can select the merit statistical code if one applies, if one does not apply then the user should leave the selection as ‘Not Applicable.’

Merit Rating Adjustment **Not Applicable**

- Workplace Safety Credit (Code 9880) **Not Applicable**
- Construction Premium Credit (Code 9046) **9884 - No Adjustment**
- Surcharge (DIP) (Code 0277) **9885 - 5% Credit**
- Deductible Credit (Code 9663) **9886 - 5% Debit**

Standard Premium		%	\$	0
		%	\$	0
		%	\$	0
		%	\$	0
		%	\$	0

Deposit Premium

The deposit premium percentage will display based on the amount calculated. The grid in DIPM shows which options are applicable and their percentage and interim adjustment basis.

Deposit Premium

Procedures to follow in determining the proper deposit premium are printed below. Failure to follow the deposit premium rule correctly may delay the effective date of coverage. Based on the deposit premium rule, the following method of premium has been determined:

Deposit Premium is determined by taking a percentage of the annual premium. The percentage varies with the amount of the estimated annual premium. The deposit premium table is followed by the servicing carrier. Here is how it works:

Estimated Annual Premium	Interim Adjustment Basis	Minimum Deposit Percentage	Additional Payment During Year
Under \$1,000	Annual	100% of annual	None
At least \$1,000	Semi-annual	75% of annual	One
At least \$5,000	Quarterly	50% of annual	Three
At least \$25,000	Monthly	25% of annual	Eleven

An employer may pay the estimated annual premium as a deposit or may select any adjustment basis available. The servicing carrier, based on sound underwriting practices, has the right to make appropriate changes in the interim adjustment program which the employer has selected. The servicing carrier will give the reasons for any change. The DCRB cannot make changes to the Interim Adjustment Basis.

Deposit Premium Payment

Nonfinance payments are managed by a third party, Stripe. All payments must be made via ACH from a verified US bank account.

The user must link a bank account to the current logged in user from the Linked Accounts page, or by toggling the available option in this section.

Deposit Premium Payment Show Linked Accounts NO

Payments are managed by a third party, Stripe. All payments must be made via ACH from a verified US bank account. The DCRB does not store any of your account information, though all required actions can be performed from this site. The account verification process is as follows:

1. Link a bank account to the current logged-in user from the Linked Accounts page or by toggling the available option in this section.
2. Two small deposits will be made to the linked account by the payments processing vendor, Stripe. Transactions processed will reflect on your account as STRIPE. These typically appear in 1 to 3 business days after the transaction has occurred.
3. Once the deposits have been received, choose 'Verify' on the linked account and enter the amount of each deposit.

For more information regarding Stripe and the processing of payments through Stripe, please visit: [Stripe](#)

Payment Terms

Pay Deposit Premium Due \$0.00 Provide Finance Agreement

Financed Deposit Premium


Users have the option to provide financed agreement information if a portion of the deposit premium is financed. Simply select the Provide Finance Agreement selection and enter the amount of deposit premium financed.

Note: Applications utilizing the finance agreement option will need to attach a copy of the finance agreement.

Payment Terms

Pay Deposit Premium Due \$345.00 Provide Finance Agreement

Amount financed as shown in the attached finance letter.



Your account will be charged the balance: **\$345.00**

Applicant Statement

Employers and agents must complete this section. The employers title, email address, telephone number, and electronic signature must be completed.

Applicant's Statement

The undersigned employer hereby certifies that they have read and understand the statements in this application. In consideration of the issuance of the policy of insurance, they certify that the statements in this application are true and they agree to:

1. Maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address.
2. Comply substantially with all laws, orders, rules, and regulations in force and effect made by the public authorities relating to the welfare, health, and safety of employees.
3. Comply with all reasonable recommendations made by the insurance company relating to the welfare, health, and safety of employees.

This insurance is being afforded through the Delaware Workers Compensation Insurance Plan and not through the private market. Violation of any of these agreements, or failure to pay valid workers compensation premium charges, may result in cancellation of any policy of insurance under the Delaware Workers Compensation Insurance Plan.

The undersigned employer also certifies that there have been no difficulties with any broker, agent, insurance company, or state workers insurance fund in regard to: (a) payroll records; (b) the amount of premium charges; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding its employees; (e) the handling of any claim or accident report except the following:

Applicant Title Applicant Name

Email Address Telephone No.

Agreement:
By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

By signing below I, the Applicant, accept the conditions of this agreement. Date

Agent and Producer

If an agent is applicable the user can select Yes, and the fields will display and must be completed. If the logged in user is an agent, the following fields will be prefilled from the information provided for the user, the Delaware Agent License Number, name, agency name, email address, agency FEIN, phone number, fax number, address, and signature.

Agency and Producer

I hereby certify that I have read and understand the instructions related to this application and have fully explained the rules and procedures of the Delaware Workers Compensation Insurance Plan to the applicant. I understand that intentional misstatement of information in this application may subject me to penalties as are provided by law including, but not limited to loss of license.

I further understand that under Delaware criminal law, insurance fraud is punishable by up to ten (10) years imprisonment and fines up to \$150,000 as well as civil penalties authorized by the Delaware insurance fraud prevention act. I further certify that I have witnessed the applicant's signature to this application.

If this application for coverage represents an electronic submission for coverage, I certify that I have witnessed the applicant's signature to the "Authorization for release of Funds and Certification" and that the applicant has received copies of all instruments relating to such submission, including the instructions for completing application, the fully completed application, addendums and the authorization for release of funds and certification.

Delaware Agent License No. Agent's Name

Agency Name Email Address

Agency FEIN Telephone No. Fax No.

Address Line 1 Address Line 2

City State Zip Code

Agreement:

By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

By signing below I, the Agent/Producer, accept the conditions of this agreement. Date

SECTION V – VIEW, SAVING, SUBMITTING THE APPLICATION

Saving the Application

It is recommended that an application is saved frequently throughout its completion. After thirty minutes of activity, DIPM will automatically time out. Users can save the application by selecting the save button for the application currently being worked by.

General Information

Requested Effective Date Name of Employer FEIN

Mailing Address

Address Line 1 Address Line 2

City State Zip Code

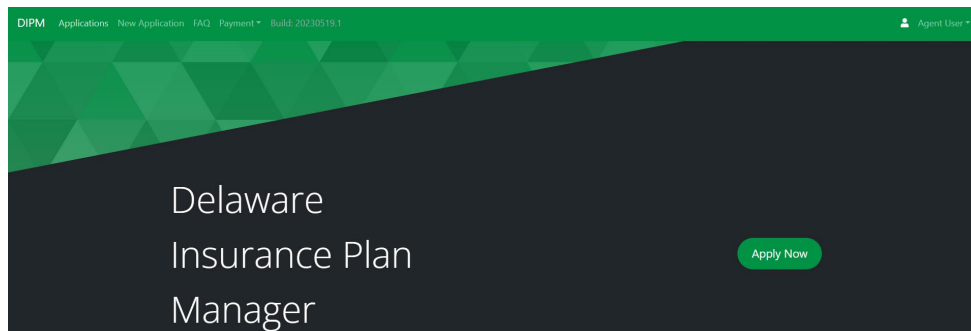
SAVE

Attachments:
click [here](#) for DCRB forms
No attachments

Viewing a Saved Application

To view saved applications, or applications in any other status utilize the Applications menu bar feature. Once selected, you may navigate to the application and click to open.

It is important that you save any work initiated prior to navigating to another screen or closing DIPM. If not, all application information entered will be lost. After saving you also have the option to write notes that will be saved within the application status section. Saving frequently is a good habit to develop.



DIPM Applications New Application FAQ Payment Build: 20230519.1

Application Search

Employer Name Results per page: 10 Filter Results

Application ID	Employer Name	Agent / Employee Name	FEIN	Status	Status Date
50602	MERIT 5 CREDIT	AGENT ADMINISTRATOR	424234234	Paid	5/18/2023
50603	MERIT 5 DEBIT	AGENT ADMINISTRATOR	363363636	Paid	5/18/2023
50601	MERIT NO RATING	AGENT ADMINISTRATOR	156486555	Paid	5/18/2023
50600	MORE STAT CODE TEST	AGENT ADMINISTRATOR	326546548	Paid	5/18/2023
50599	NO STAT CODES	AGENT ADMINISTRATOR	112316531	Paid	5/18/2023
50598	STAT CODES CHECK	AGENT ADMINISTRATOR	619481561	Paid	5/18/2023
50592	SOLE PROP TEST	AGENT ADMINISTRATOR	465231646	Submitted	5/17/2023
50591	CORP NO EXCLU	AGENT ADMINISTRATOR	345315561	Submitted	5/17/2023
50583	MULTIPLE EXEX CLASSES	AGENT ADMINISTRATOR	658954326	Saved	5/16/2023
50582		AGENT ADMINISTRATOR		Saved	5/16/2023

103 items 1 2 3 ... 11

Submitting the Application

To apply, select the New Application menu option. This will open a new application.

***Note:** It is important that you save any work initiated prior to navigating to another screen or closing DIPM. If not, all application information entered will be lost. After saving you also have the option to write notes that will be saved within the application status section. Saving frequently is a good habit to develop.

The left side of the application screen will assist you in navigating the application. Each section is broken out for ease of completion. If you need to quickly navigate to a specific section of the application, you can select it via this menu.

DIPM Applications New Application FAQ Payment Build: 20230428.1 Agent User

- General Information
- Insurance Record
- Insurance Refusal
- Nature of Business
- Deposit Premium
- Applicant's Statement
- Agency and Producer

General Information

Requested Effective Date: 05/01/2023

Name of Employer:

FEIN:

Mailing Address

Address Line 1:

Address Line 2:

City: State: Zip Code:

List the following addresses **only if they differ** from the Mailing Address above.

Principal Location of Business Applicable? NO

Payroll Office Address Applicable? NO

Other Delaware Location Applicable? NO

Legal Status

Sole Proprietorship Limited Liability Company (LLC) Other

Partnership Executor or Trustee

Corporation Title 19 - Independent Contractor

Joint Venture

Attachments: for DCRB forms
No attachments

To submit an application, all required fields must be completed within the application.

After an application is saved, any missing required fields will be highlighted in red.

New Application FAQ Payment Build: 20230428.1

General Information

Requested Effective Date: 05/01/2023

Name of Employer:

FEIN:

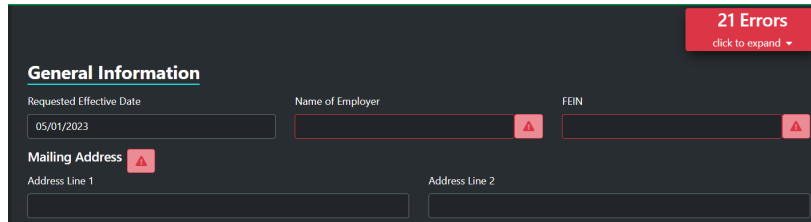
Mailing Address

Address Line 1:

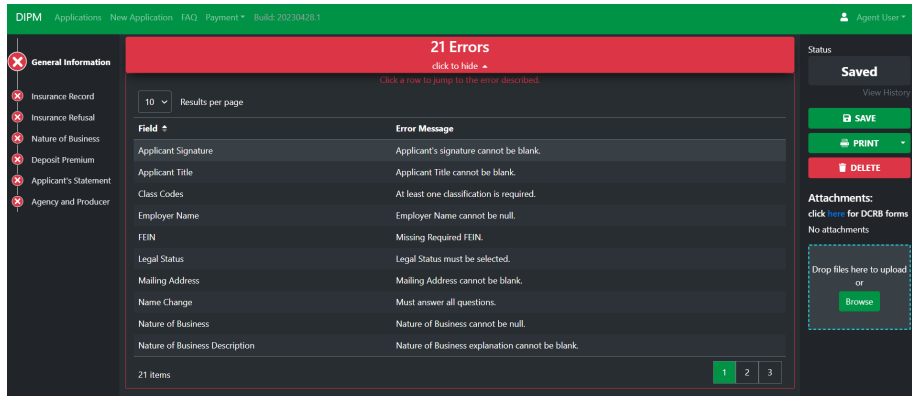
Address Line 2:

City: State: Zip Code:

If an application presents an error upon "save" a list will populate at the very top of the application screen indicating which fields or information is missing completion. To view this list in its entirety, select the "Click to Expand" option. The application will not be able to be submitted until all these errors are fixed.



Once you select the expansion, the error list will appear along with details needed for completion.



*Note: The application navigation shown on the left will also indicate missing information. Click on a specific error in the list and the application will navigate to the corresponding field that is in question.

Once all information has been completed and there are no errors, you will need to submit your application. Upon successful application submission, you will receive an email notifying you of the application submission.

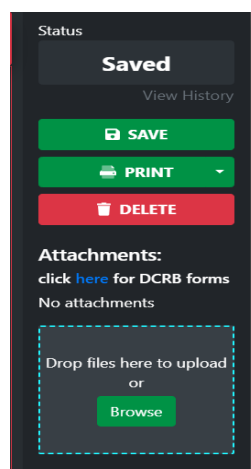
Further processing communications will be managed via email from this point forward.

SECTION VI. SUPPLEMENTAL ATTACHMENTS, FORMS, & PRINTING

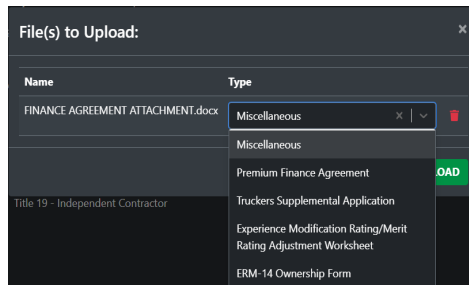
Adding Attachments

You may add any supplemental or required attachments once an application has been saved. It is important that all attachments are added prior to submitting an application.

Once the application has been saved, you can proceed with either utilizing the browse feature to locate your files for attaching or you may simply drag and drop your documents.



Prior to finalizing your attachment, you will need to select an attachment type.



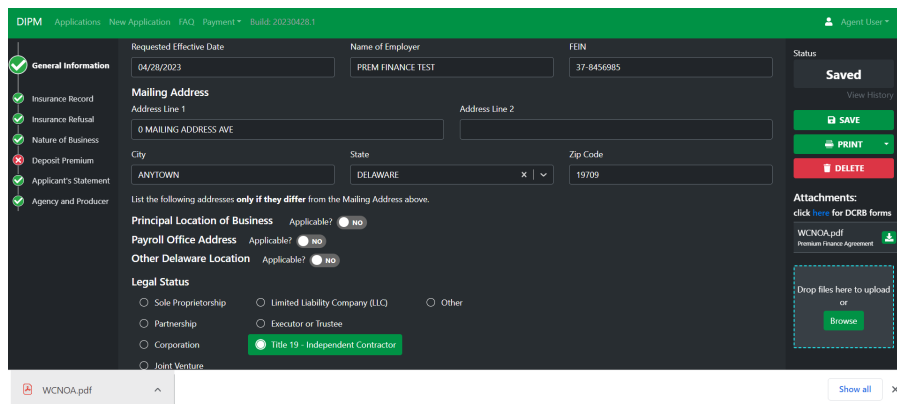
The attachment selection types are as follows:

- Miscellaneous **These are unspecified documents outside of the Premium Finance Agreement and for document types not specifically listed in the drop down.*
- Truckers Supplemental Application, or the ERM-14 Ownership Form.
- Premium Finance Agreement
- Truckers Supplemental Application
- ERM-14 Ownership Form

***Note** - The inclusion and exclusion endorsements will generate automatically based on the information submitted in DIPM.

Printing

You will have the ability to print an application and its attachments after the application has been successfully saved. To print attachments, select the download icon next to the attachment listed. The PDF version will appear in the lower left-hand section of the browser. Simply click to open.



To print the application or other system-generated forms (such as the inclusion or exclusion endorsement forms) select print and select the form that you want to print.

Similar to printing attachments, the PDF version will appear in the lower left-hand section of your browser for viewing. Simply click to open.

General Information
 Requested Effective Date: 04/28/2023
 Name of Employer: PREM FINANCE TEST
 FEIN: 37-8456985

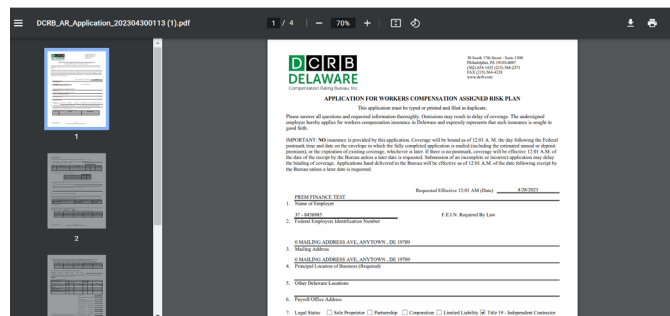
Mailing Address
 Address Line 1: 0 MAILING ADDRESS AVE
 Address Line 2:
 City: ANYTOWN State: DELAWARE Zip Code: 19709

Principal Location of Business Applicable? NO
Payroll Office Address Applicable? NO
Other Delaware Location Applicable? NO

Legal Status
 Sole Proprietorship Limited Liability Company (LLC) Other
 Partnership Executor or Trustee
 Title 19 - Independent Contractor

Attachments:
 click here for DCRB forms
 WCNQA.pdf
 Premium Finance Agreement

To view the attachment, you must open with Adobe Acrobat or Adobe Acrobat Reader. Adobe Acrobat Reader is available as a free download here: <https://get.adobe.com/reader/>.



Once you have the PDF opened, you may print by selecting the printer icon within the upper right-hand corner or you may download the application by selecting the download button.

SECTION VII. – DEPOSIT PREMIUM PAYMENT

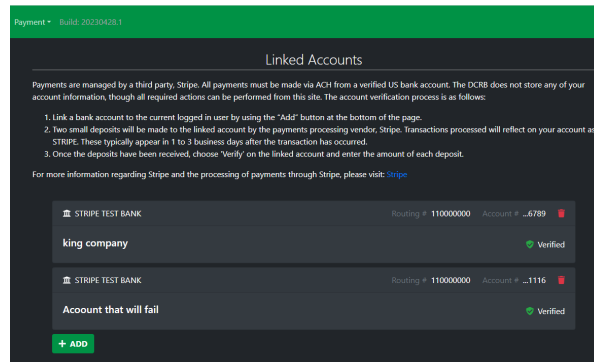
Non-Financed Deposit Premium

Linking a Bank Account

There are two sub-menus within the Payment menu that will allow you to view linked accounts as well as prior transaction activity.

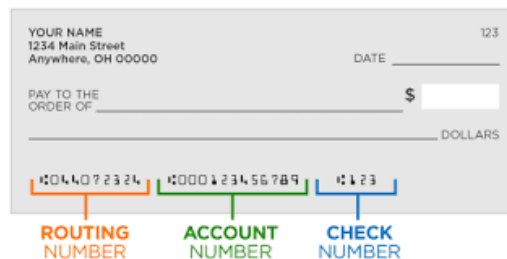
Application ID	Employer Name	Agent / Employee Name	FEIN	Status	Status Date
40215	AGENT USER TEST	Agent User	456461666	Submitted	2/22/2023
40226	TEST OTHER BLANK	Agent User	212222222	Submitted	12/28/2022
40229	MILLARD JOHNSON AND SHEREE ROBINSON DBA JOHNSON CONSTRUCTION	Agent User	222784477	Submitted	10/26/2022
40230	FRANCISCO HERRERA DBA FISH CONSTRUCTION	Agent User	461744689	Submitted	10/27/2022

Linked Accounts will display the current account linked to your user ID to pay for the expected deposit premium. This will also allow edits to the linked accounts and provide you with the ability to add accounts as well as remove accounts.



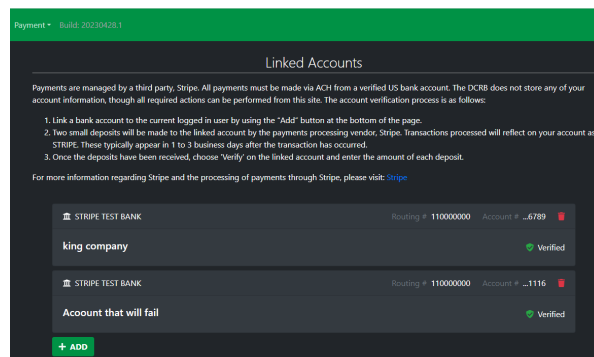
To add an account, select the “+ ADD” button and follow the instructions for account linkage.
Note: You will need your routing and account number handy.

Begin completing the required information.



Unlinking a Bank Account

To delete an account, simply select the red trash bin icon and confirm the deletion of the account. This will remove the account linkage to your user ID.



Financed Deposit Premium

Users have the option to provide financed agreement information if a portion of the deposit premium is financed. Simply select the Provide Finance Agreement selection and enter the amount of deposit premium financed.

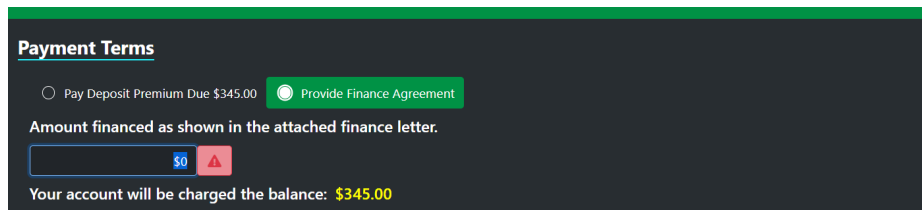
If a portion of the deposit premium is financed, a few items will need to be completed.

1. You will need to select “Provide Finance Agreement.”
2. Enter the amount being financed below.

***Note:** This will automatically calculate the final amount of the deposit premium due.

3. A finance agreement will need to be added as an attachment.

***Note:** DIPM will not allow you to submit without a finance agreement attached if selected.



SECTION VIII. – APPLICATION STATUS

Application Status Meaning

The below reference table will describe each application status available within DIPM. For any questions regarding your application or its status please contact dipm@dcrb.com.

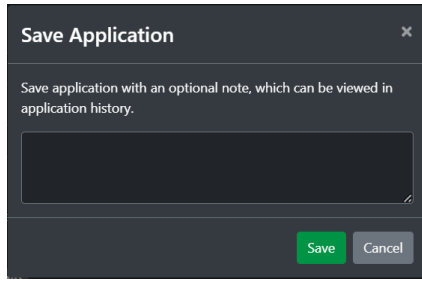
DIPM Status	Description
Saved	An application is saved in the system.
Submitted	An application has been submitted for processing by DCRB.
Returned	An application which is incorrect and requires user attention.
Approved	An application has been approved for application completeness and is awaiting deposit premium payment.
Payment Pending	An application deposit premium paying is still processing.
Paid	Payment is complete and the application is assigned to a residual market insurance carrier.
Payment Failed	An application has received a payment information resulting in a failed payment.
Assigned	An application has been finalized and a carrier has been assigned.

Saved

An application can be saved at any time and should be saved frequently. Applications in saved

Application Comments

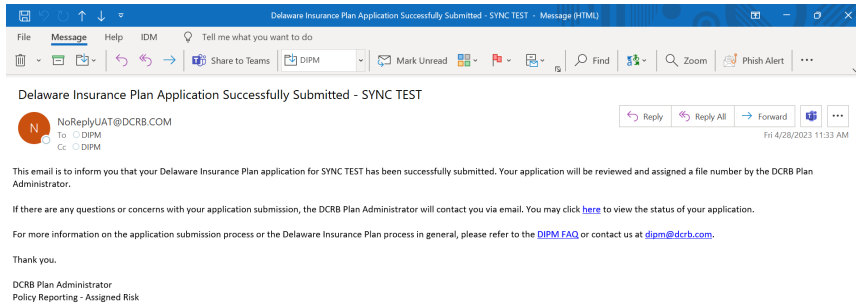
Upon saving an application, comments can be made within the application as needed. These are points of reference for agents, employers, as well as the DCRB analyst.



Note: Application comments are viewable within DIPM.

Submitted

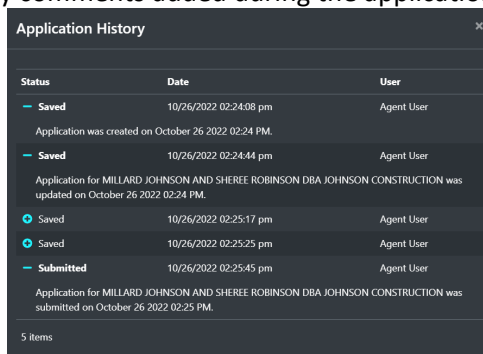
An application in submitted status reflects a completed application. Upon successful submission of a completed application, an email will be sent to the agent or employer completing the application.



Once the application is received in DIPM, a series of automatic checks are performed ensuring that the application information provided is accurate. The DCRB analyst will complete a final application review to ensure the accuracy of the information and the attachments received. If information is found to be inaccurate or missing during these two review points, the application will be returned either systematically or by the DCRB analyst. If the information provided is accurate, the DCRB analyst will proceed with processing the application by providing a DCRB file number and performing the carrier assignment.

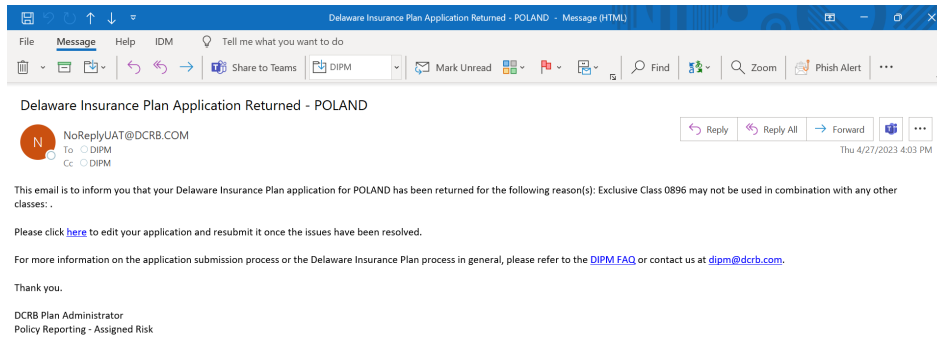
Application History

The history of an individual application can be viewed at any time by simply opening an application and clicking the View History section. The history will contain a summary of all actions performed on the application as well as date and timestamp that the action occurred. Any comments added during the application completion will also be viewable.



Returned

If your application has been returned for any reason, you will receive an email communication from DIPM. This email will state the reason for the return. You can select the link contained within the email to access the application and make the necessary corrections.

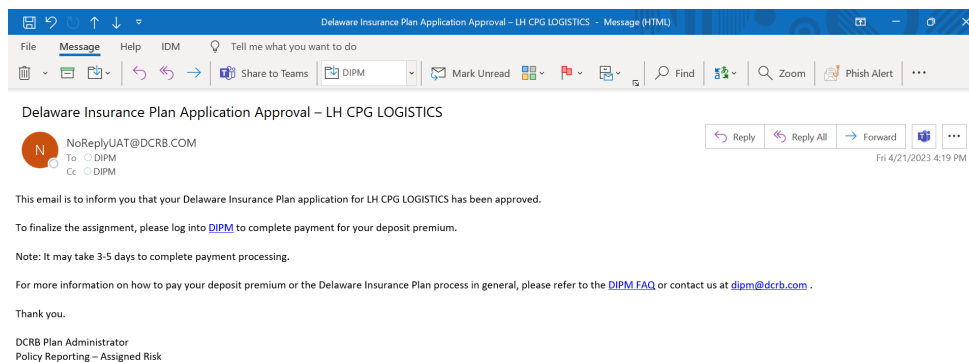


If needed corrections are unclear, you may reach out to the dipm@dcrb.com email address to contact a DCRB analyst to assist you.

Approved

Once the DCRB analyst has successfully completed the review, file number assignment, and carrier assignment, your application will move into “Approved” status. An email will be received from DIPM requesting payment of the deposit premium due.

The approval email from DIPM will contain a link to access the DIPM application to pay the deposit premium due. Once accessed, you will need to click the “Pay Now” button to submit payment.



Payment Pending

Applications in payment pending are awaiting transaction completion. This process generally takes 1-4 days for processing. All payments are processed via a third-party processor, Stripe. For more information on Stripe, please visit their website at www.stripe.com.

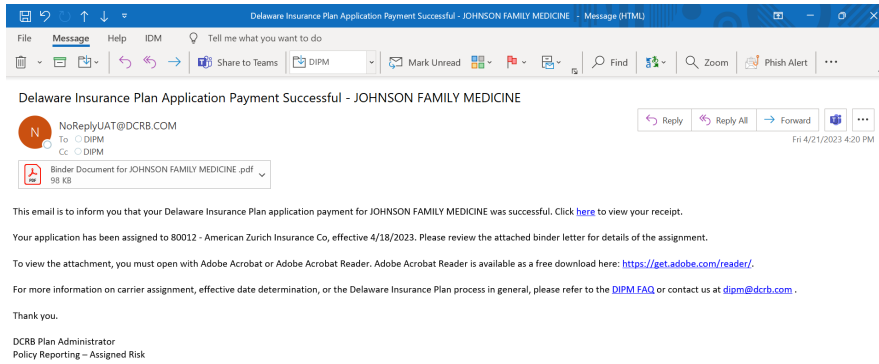
If you have any questions or concerns regarding payment processing, please contact us at dipm@dcrb.com.

Paid

Upon a successful payment received, you will receive an email communication from DIPM.

This email will contain:

1. A copy of the binder
2. A receipt of payment for the deposit premium
3. Information regarding carrier assignment made along with the effective date of coverage



Failed Payment

If a payment has failed, the agent or employer will receive an email notification with a link to access the application to correct the payment information.

If you believe you have received this email in error or unsure as to why your payment is unsuccessful, please reach out to the DCRB at dipm@dcrb.com.

Assigned

An application in assigned status refers to an application that is pending payment for the deposit premium due. In this state, the application has successfully been processed and a carrier has been assigned. To finalize the application in its entirety the deposit premium must be paid.

SECTION IX. – DELETING AN APPLICATION

Deleting an Application

Applications in a saved status may be deleted by accessing the Applications main menu. The individual application can be deleted by selecting the trash bin icon next to that application listed.

Note: Deleting an application is final. Applications deleted in error cannot be recovered and must be rekeyed.

DIPM Applications New Application FAQ Payment Build: 20230519:1 Agent User

Application Search

Employer Name:

Agent/Employee Name:

FEIN:

Status: Saved

Status Date Range:

10 Results per page Filter Results

Application ID	Employer Name	Agent / Employee Name	FEIN	Status	Status Date
50583	MULTIPLE EXEX CLASSES	AGENT ADMINISTRATOR	658954326	Saved	5/16/2023
50582		AGENT ADMINISTRATOR		Saved	5/16/2023
50569		AGENT ADMINISTRATOR		Saved	5/12/2023
50510	PREM FINANCE TEST	AGENT USER	378456985	Saved	5/11/2023
50514	CONSTRAINT TESTS	AGENT USER	234234234	Saved	4/27/2023
50507		AGENT USER		Saved	4/24/2023
40453		AGENT USER		Saved	4/10/2023
40439	LH TESTING PERCENTAGES	Agent User	235788622	Saved	4/6/2023
40438	ADGNOSOPDNG	Agent Administrator		Saved	4/5/2023
40424	REMMY ROOFING	CHANGE AGENT USER	987654321	Saved	4/5/2023

12 Items 1 2