Delaware Insurance Plan

Web Application User Guide

Delaware Compensation Rating Bureau, Inc.

DCRB
DELAWARE
Compensation Rating Bureau, Inc.

Issued: November 2012
Revised: July 2021

TABLE OF CONTENTS

I. INTRODUCTION

The Delaware Insurance Plan (DIP) Web Application provides the ability for agents and employers to submit assigned risk applications for insurance coverage through the Delaware Workers Compensation Insurance Plan.

This guide will provide instructions and helpful hints for using the DIP 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 guide, please contact the DCRB Central Support at (302) 654 – 1435 or *centralsupport@dcrb.com*.

For business questions, please contact Drew Kratz at (302) 654 – 1435 or *dkratz@dcrb.com*.

II. GETTING STARTED

The DIP Web Application is accessed via a link on the DCRB website, *www.dcrb.com*. To locate the application link, select **Data Reporting** from the menu options and then click on **Residual Market**.
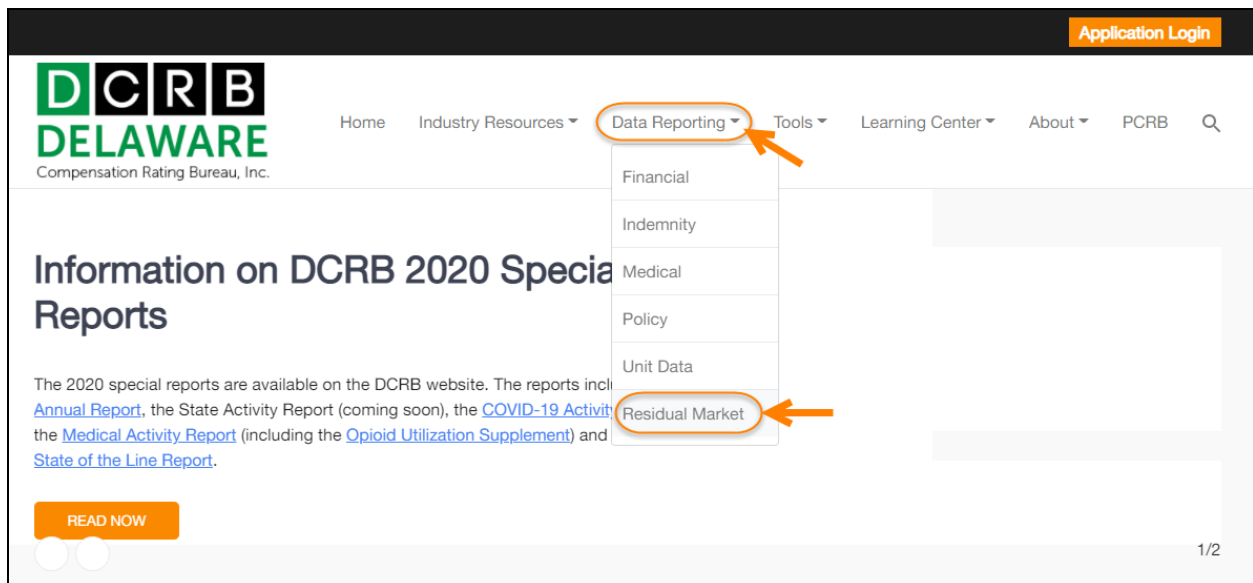
The Residual Market page contains the application link, as well as the DIP - Web Application User Guide and Delaware Handbook. To launch the application, click on **Delaware Insurance Plan - Web Application**.

After clicking the link, the following screen is returned. This is the sign-on screen of the application.

Users who have previously registered for the DIP Web Application must log in by entering their **User ID** and **Password**. The Password field is case sensitive. Click the **Log In** button to proceed.

A. First Time User

Users who have not previously registered for the DIP Web Application must complete the first-time user registration. Click the **Register** button to advance to the Register screen.

On the Register screen, select the desired User Type from the drop-down list.

User Type	Description
Agency	Select if you are an insurance agent
Employer	Select if you are an employer
DCRB Administrator	Select if you are an administrator

Complete the rest of the form (all items are required). Once completed, click the **Register** button to submit the registration information.

B. Forgot Password or User ID

Users who have forgotten their Password or User ID may request that this information be emailed to them. Select **Click Here** to advance to the Forgot your Password or Forgot your User ID screen.

Password Request:

On the Forgot your Password screen, enter the **User ID** and **Email address**. Click the **Continue** button to advance to the Security Question screen. Answer the question correctly and click the **Submit Answer** button to receive a temporary password by email.

User ID Request:

On the Forgot your User ID screen, enter the **First Name**, **Last Name**, and **Email address**. Click the **Continue** button to advance to the Security Question screen. Answer the question correctly and click the **Submit Answer** button to receive the User ID by email.

C. Welcome Screen

Once successfully logged in, the user is presented with the Welcome screen. This page allows the user to create a new assigned risk application or to work with an existing application.

The following buttons are available:

Button	Description
Create new application	Click this button to create a new application
Log Out	Click this button to log out of the DIP Web Application

The lower half of the Welcome screen contains a table with the applications that the user has created. This table is not visible to first time users and/or users who have not created any applications.

Different options are available for working with an existing application depending upon its current status:

| Status	Description	Available Option/s
Saved	An application saved in the system.	**Edit** - Select if you wish to modify the application. **Delete** - Select if you wish to delete the application.
Returned	An application which is either incorrect or incomplete and requires user attention.	
Submitted	An application submitted to the DCRB for review.	**View** - Select if you wish to view the application, but editing is prohibited.
Processing	An application received by the DCRB and is being processed.	

III. THE APPLICATION

A. Creating a New Application

Begin by clicking the **Create new application** button on the Welcome screen.
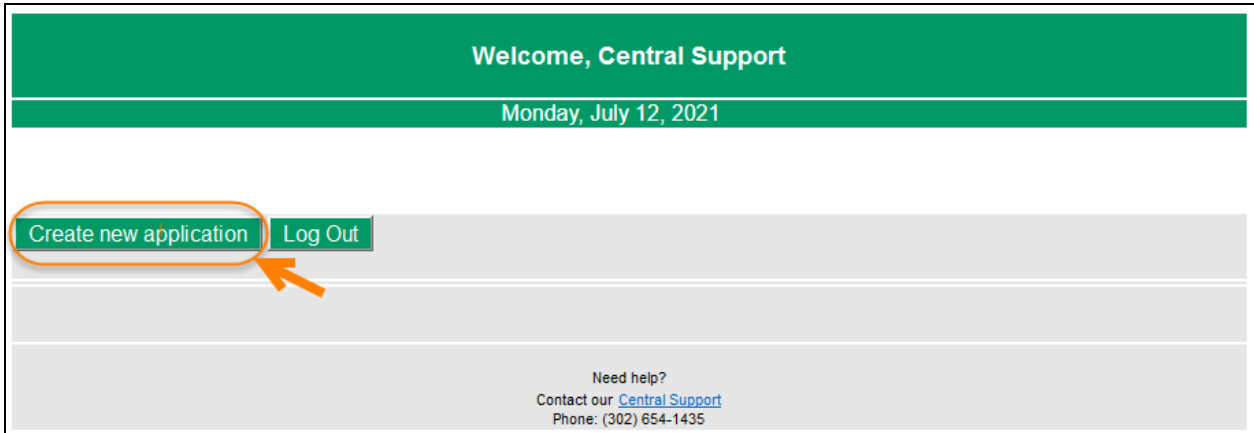
On the next screen, enter the **Employer Name** and **Employer's FEIN**. Both fields are required. Click the **Search** button to determine if an application already exists based on the information entered.
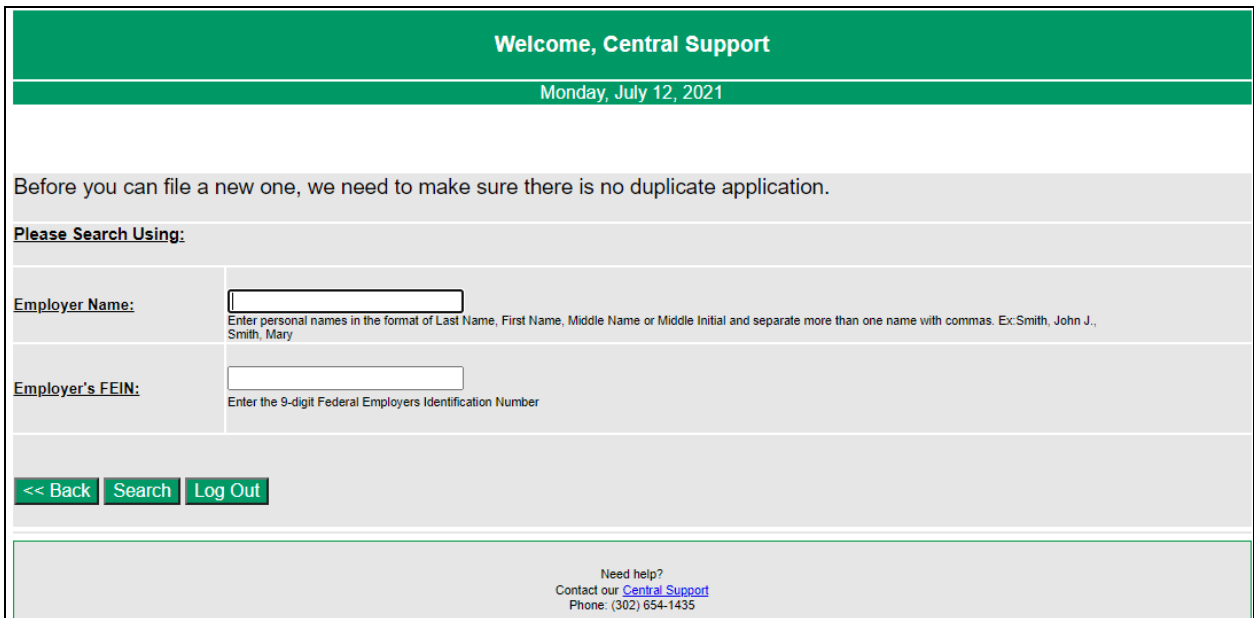
The search result is displayed below the Back and Search buttons. If a match is found, the user is presented with the current application status along with the options to **View**, **Edit**, or **Delete** (if applicable).

A pop-up window, similar to the one below, is displayed if a match is found but the application is created by another user.
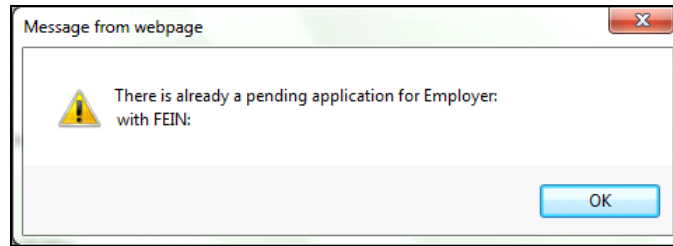
If there is no exisitng application found, select **Create a New Application** to advance to the Application for Workers Compensation Assigned Risk Plan.

B. Completing an Application for Workers Compensation Assigned Risk Plan

Please refer to the Delaware Workers Compensation Insurance Plan Handbook when filling out the form. The handbook can be found on the Residual Market section of the DCRB website, *www.dcrb.com*.

The Application for Workers Compensation Assigned Risk Plan has nine sections. Answer all questions and requested information thoroughly. All fields marked with an asterisk (*) are required.

The following buttons are available:

Button	Description
Back to Search	Click this button to return to the Welcome screen.
Print to PDF	Click this button to generate a PDF (read-only) version of the application that can be printed or saved.
Log Out	Click this button to log out of the DIP Web Application.
Save Form	Click this button to save the application.
Submit Form	This button is available only in the last section of the application. Click this button to submit the application.

Below are helpful hints in completing the application. Click the **Save Form** button at the end of each section to save the application and advance to the next section.

Section I: General Information

- **Requested Effective Date** – Enter the date (MM/DD/YYYY), or click the calendar icon 🗓 to select the date.

- **Name of Employer** and **Federal Employers Identification Number (F.E.I.N)** – These fields are populated with the information entered when creating the application. They cannot be changed.

- **Address –** Click the checkbox for Payroll Address, Principal Location, or Other DE Location if it is different from the Mailing Address. This will bring up the fields for the address type selected.

- **Name Change (Question #5)** – If Yes, enter the previous name and the date (MM/DD/YYYY) or click the calendar icon 🗓 to select the date.

- **Operations in states other than DE (Question #6) –** If Yes, select the State from the drop-down list. Enter the Location and Insurance Carrier, then click the **Save** button.

State	Location	Insurance Carrier	
Select State ▾			Save

Section II. Insurance Record

- **Previous workers compensation insurance coverage in DE (Question #1)** – If Yes, select the Insurance Carrier Name from the drop-down list. Enter the Policy Number, Premiums, Payroll, and From: / To: dates (MM/DD/YYYY) or click the calendar icon 🗓 to select the dates. Click the **Save** button.

State	Insurance Carrier Name	Policy Number	From:	To:	Premiums	Payroll	
Delaware	-- Please Select -- ▾		🗓	🗓	$	$	Save

- **Unpaid Premiums (Question #2)** – If Yes, enter explanation in the text box.

- **Question #3** – If Yes, enter information in the textbox and/or attach a file by:

    a. Clicking the **Attach file** button.

    b. Click the **Browse** button. Use the dialogue box to locate the file, and then click **Open**. (Acceptable file types are MS Word, MS Excel, and PDF with file size limit of 2MB).

    c. Click the **Upload** button.

Section III: Two Insurance Companies Who Have Refused Insurance

- List two Delaware licensed insurance companies that have declined to write workers compensation for the applicant employer. Enter the Insurance Company names, Name of Representatives, Telephone Numbers, and click the checkbox for the Current Carrier.

Insurance Company	Name of Representative	Telephone Number	Current Carrier ?
		__-__-____	☐
		__-__-____	☐

Section IV: Corporate Officer

- Enter the Name, Title, Duties, and Approx. Annual Salary of all officers or Limited Liability Company members. Click the **Save** button after entering information for each officer or member.

Name	Title	Duties	Approx. Annual Salary	
			$	Save

- Officers of a corporation or members of a Limited Liability Company may elect exclusion from the Act. Click the link for **Agreement by Executive Officer(s) /LLC form** and complete the form. This will be saved as an attachment to the application.

Section V: Delaware Law provides that sole proprietors or partners are not included under the Act but may elect coverage.

- Enter the Name, Title, Duties, and Approx. Annual Salary of sole proprietors, partners, or officers if electing coverage. Click the **Save** button after entering information for each individual.

Name	Title	Duties	Approx. Annual Salary	
			$	Save

- All individuals electing inclusion must complete the applicable endorsement. Click the link for **Sole Proprietors, Partners, Officers and other Coverage Endorsement (WC 00 03 10)** and complete the form. This will be saved as an attachment to the application.

Section VI: Nature of Business, Location, Classification and Payroll in Delaware

- Select the nature of business from the drop-down list. If selecting "Other", enter the description in the textbox.

- Explain the nature of business and describe all operations in the textbox provided.

- **Calculation of Estimated Annual Premium**

  o Select the Class Code from the drop-down list. Enter the No. of Employees and Total Payroll. The premium will be calculated automatically after clicking the **Compute** button.

Class Code	No of Employees	Total Payroll	Rate	Premium	
-- Please Select --		$		$	Compute

  o Complete the Increased Limits of Liability if applicable.

    ▪ Select the Stat Code from the drop-down list.

  o Do you have Experience Modification? Select Yes or No.

  o Select Merit Rating Adjustment from the drop-down list if applicable.

Section VII: Deposit Premium

- Select the proper deposit premium from the drop-down list.

- There are two options for deposit premium payment. Select either:

  a. **Employer Certified check or Agency check**

     Enter the check number in the textbox provided. Checks should be made payable to the Delaware Compensation Rating Bureau, Inc.

  b. **Electronic payment via Automated Clearing House (ACH)**

     Select **Click Here** to view the instructions. ACH banking information is also provided in the confirmation email after submitting the application.

Section VIII: Applicant's Statement

- Read the Applicant's Statement. Employers and agents must complete this section. For agents, the email address field is optional.

Section IX: Agency and Producer

- Read the Agency / Producer Certification. Complete this section only if your user type is Agency. All fields are required.

C. Submitting an Application

Before submitting an application, verify that all required fields are completed. All errors will need to be corrected before the application can be submitted. Proceed to the last section of the application, and then click the **Submit Form** button.

NOTE: A pop-up window, similar to the one below, is displayed when an error is found or if a field is incomplete. Correct the error, and then click the **Submit Form** button again.
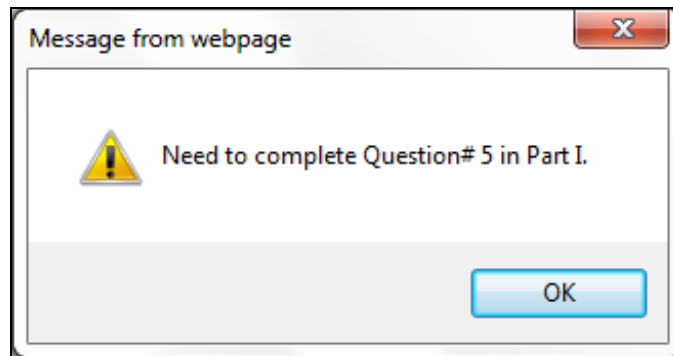
If the application is successfully submitted, the following message is displayed at the top of the application:
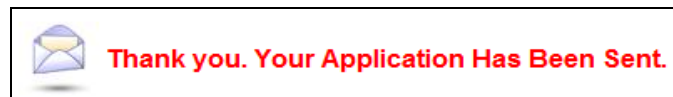
A confirmation email will be sent to the applicant's email address stating that the application has been received. For agents, both email addresses entered in Section VIII and Section IX will receive the confirmation email. The email also contains information for the deposit premium payment method chosen.

Once an application has been submitted, its status will change to Submitted. It can no longer be modified or deleted.

D. Application Status After Submission

The submitted application will be reviewed by the DCRB and the status will be updated accordingly.

Returned Status

Incomplete or incorrect applications will not be accepted and may delay the binding of coverage. An email will be sent to the user's email address explaining the error. The user must login to the DIP Web Application and select **Edit** to make the necessary changes. The user must re-submit the application by following the procedure for submitting an application.

Processing Status

The application has been reviewed and the payment has been received. An email will be sent to the user's email address stating that the application is now being processed.