

***Delaware Insurance Plan Manager (DIPM)
User Guide***

Delaware Compensation Rating Bureau, Inc.



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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 guide, please contact the Central Support Department 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 I –SYSTEM REQUIREMENTS, PRIVACY, AND APPLICATION ACCESS

System Requirements

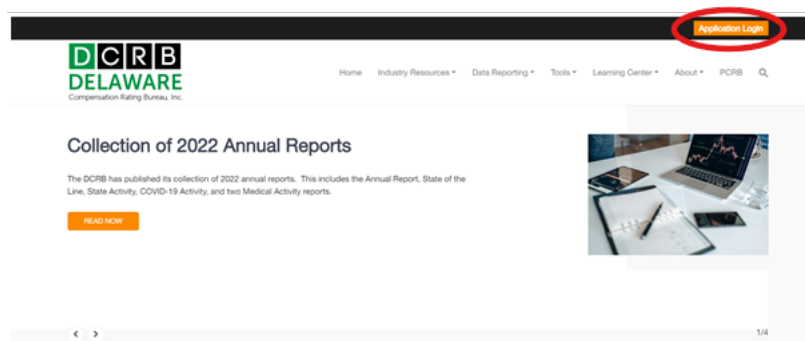
To access DIPM, the user will need internet connectivity and the latest version of Google Chrome. For additional login or technical assistance, please contact the Central Support Department at (215) 320-4933 or centralsupport@dcrb.com.

Privacy and Security

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*.

Application Access

DIPM can be accessed via the DCRB website, www.dcrb.com, by selecting the Application Login button on the top right of the page.



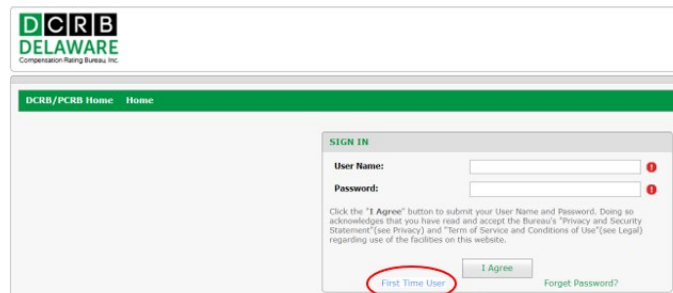
To use DIPM, agents and employers must be registered as an **Agent or Employer user**. For login or access assistance, please contact the Central Support Department at (215) 320-4933 or centralsupport@dcrb.com.

SECTION II – LOGIN TO DIPM

The Delaware Insurance Plan Manager(DIPM) is only available to registered agents and employers.

First-Time User

If the user has not previously registered, select the First Time User link and complete the registration as an Agent or Employer User Type.



The screenshot shows the DCRB/PCRB Home page. At the top is the DCRB DELAWARE logo. Below it is a navigation bar with 'DCRB/PCRB Home' and 'Home' links. The main content area features a 'SIGN IN' form with fields for 'User Name' and 'Password'. Below the form is a paragraph of text about the 'I Agree' button. At the bottom of the form, there is a 'First Time User' link circled in red, an 'I Agree' button, and a 'Forgot Password?' link.

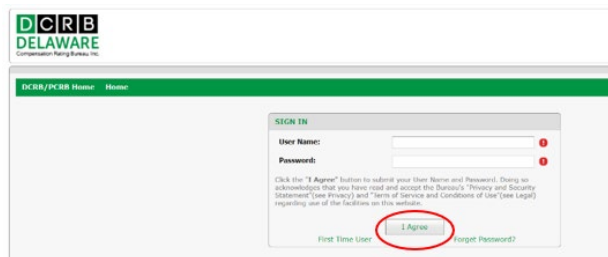
An approved Agency/Employer Group Administrator (AGA/EGA) is required to register for access to the DCRB/PCRB Application Manager and the products contained therein. The AGA/EGA will be responsible for establishing and maintaining contact information and authorization for all user access for their group. The AGA/EGA will have the authority to view and control access for all users and applications.

Once the registration is complete, the user will have access to DIPM.

For more information regarding user registration, please see the [Application Manager User Guide for Agents and Employers](#). For additional login or access assistance, please contact the Central Support Department at (215) 320-4933 or centralsupport@dcrb.com.

Logging into DIPM

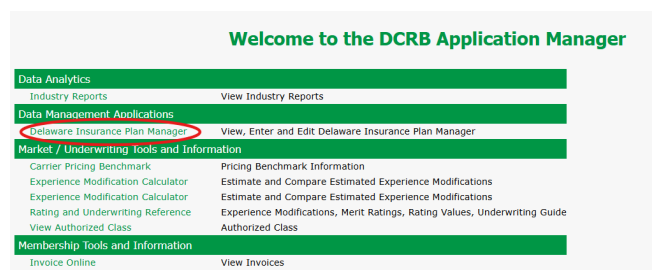
Registered agents and employers should enter username and password. The password field is case-sensitive.



This screenshot is identical to the one above, showing the DCRB/PCRB Home page with the 'SIGN IN' form. In this instance, the 'I Agree' button is circled in red.

The user must agree to the DCRB Terms of Use and Privacy and Security Statement by selecting the I Agree button.

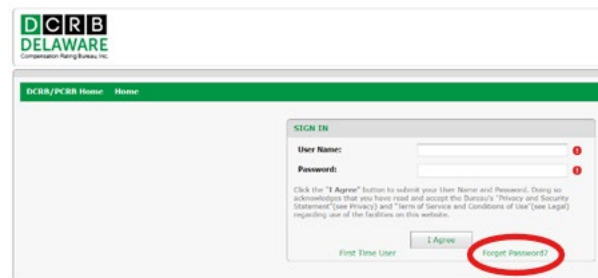
Once successfully logged in, the user will observe the Application Manager home screen. Select Delaware Insurance Plan Manager under the Data Management Applications section to launch the application.



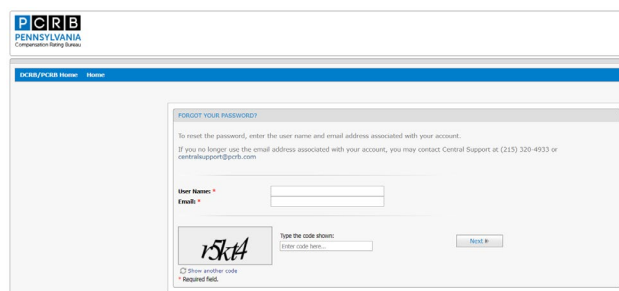
The screenshot shows the 'Welcome to the DCRB Application Manager' screen. It features a table of links organized into sections: 'Data Analytics' (Industry Reports, View Industry Reports), 'Data Management Applications' (Delaware Insurance Plan Manager, View, Enter and Edit Delaware Insurance Plan Manager), 'Market / Underwriting Tools and Information' (Carrier Pricing Benchmark, Pricing Benchmark Information, Experience Modification Calculator, Estimate and Compare Estimated Experience Modifications, Rating and Underwriting Reference, Experience Modifications, Merit Ratings, Rating Values, Underwriting Guide, View Authorized Class, Authorized Class), and 'Membership Tools and Information' (Invoice Online, View Invoices). The 'Delaware Insurance Plan Manager' link is circled in red.

Forgotten Password

If a user forgets their password, from the Login Page, select the Forgot Password link on the bottom right of the sign in window.

The screenshot shows the DCRB Delaware website's sign-in interface. At the top is the DCRB Delaware logo. Below it is a navigation bar with 'DCRB/PCRB Home' and 'Home' links. The main content area is titled 'SIGN IN'. It contains fields for 'User Name:' and 'Password:', each with a red exclamation mark icon to its right. Below these fields is a paragraph of text: 'Click the "I Agree" button to submit your User Name and Password. Doing so acknowledges that you have read and accept the Bureau's Privacy and Security Statement (see Privacy) and Terms of Service and Conditions of Use (see Legal) regarding use of the facilities on this website.' There are two buttons: 'I Agree' and 'Forgot Password?'. The 'Forgot Password?' button is circled in red.

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

The screenshot shows the 'FORGOT YOUR PASSWORD?' page on the DCRB/PCRB Pennsylvania website. The page has a blue header with the DCRB/PCRB Pennsylvania logo and 'Home' link. The main content area is titled 'FORGOT YOUR PASSWORD?'. It contains a paragraph of text: 'To reset the password, enter the user name and email address associated with your account. If you no longer use the email address associated with your account, you may contact Central Support at (215) 320-4933 or central.support@pcrb.com'. Below this text are fields for 'User Name:' and 'Email:'. To the right of the 'Email:' field is a captcha image showing the number '1564'. Below the captcha is a text box labeled 'Type the code shown:' and a 'Next >' button. At the bottom left, there is a checkbox labeled 'Show another code' with the text '* Required field.' below it.

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

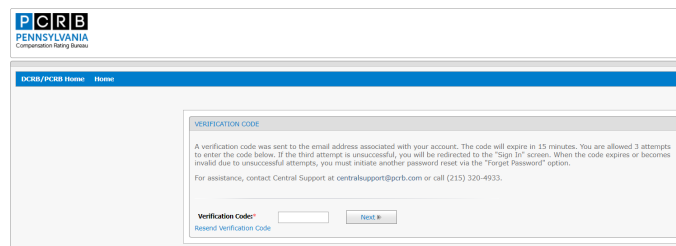
This code will expire in 15 minutes. You are allowed 3 attempts to enter this code on the verification screen. If the third attempt is unsuccessful, you will be redirected to the "Sign In" screen. When this code expires or becomes invalid due to unsuccessful attempts, you must initiate another password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

For assistance, contact Central Support at central.support@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.

Enter the verification code into the screen prompt and then select next.

The screenshot shows the 'VERIFICATION CODE' page on the DCRB/PCRB Pennsylvania website. The page has a blue header with the DCRB/PCRB Pennsylvania logo and 'Home' link. The main content area is titled 'VERIFICATION CODE'. It contains a paragraph of text: 'A verification code was sent to the email address associated with your account. The code will expire in 15 minutes. You are allowed 3 attempts to enter the code below. If the third attempt is unsuccessful, you will be redirected to the "Sign In" screen. When the code expires or becomes invalid due to unsuccessful attempts, you must initiate another password reset via the "Forgot Password" option.' Below this text is a text box labeled 'Verification Code:' and a 'Next >' button. At the bottom left, there is a link labeled 'Resend Verification Code'.

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

PCRB PENNSYLVANIA
Compensation Rating System

DCRB/PCRB Home Home

CONFIRM YOUR IDENTITY

Please answer the security question you answered when you registered with the APPLICATION MANAGER.
If you continue to have problems, please contact the DCRB/PCRB at (215) 320-4933 or centralsupport@pcrb.com

Security Questions: In which city was your mother born? [Next >](#)

Security Answers: * Required field.

Once these steps are completed, the user will then be able to change the password.

PCRB PENNSYLVANIA
Compensation Rating System

DCRB/PCRB Home Home

CHANGE PASSWORD

New Password: * * Minimum of 8 characters and cannot exceed 20 characters
* Contains at least 1 uppercase, 1 lowercase, 1 numeric and 1 special character from @ # \$ % ^ & * ! ~

Confirm Password: * * Cannot be same as username [Change](#)

Password criteria is as follows:

- Minimum length of 12 characters for non-admin accounts
- Minimum length of 15 characters for admin accounts
- Must contain at least 1 uppercase character, 1 lowercase character, 1 numeric character, and 1 special character from @ # \$ % ^ & + ! =
- Cannot contain username
- Passwords are case sensitive

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

www.pcrbdata.com says

Your password has been successfully changed.

[OK](#)

Note that once password is changed, the user will be directed to the PCRB login page. In order to access DIPM, the user must be on the DCRB login page which can be found at <https://www.pcrbdata.com/ul/Default.aspx?StateCode=DE>.

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

From: noreply@pcrb.com <noreply@pcrb.com>
Sent: Friday, May 19, 2023 9:44 AM
To: [Redacted]
Subject: DCRB/PCRB Application Login Password Changed

Your password for the DCRB/PCRB Application Login was changed on Friday, May 19, 2023 at 9:43:59 AM

If you did not request a password reset, 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.

SECTION III – DIPM NAVIGATION OVERVIEW

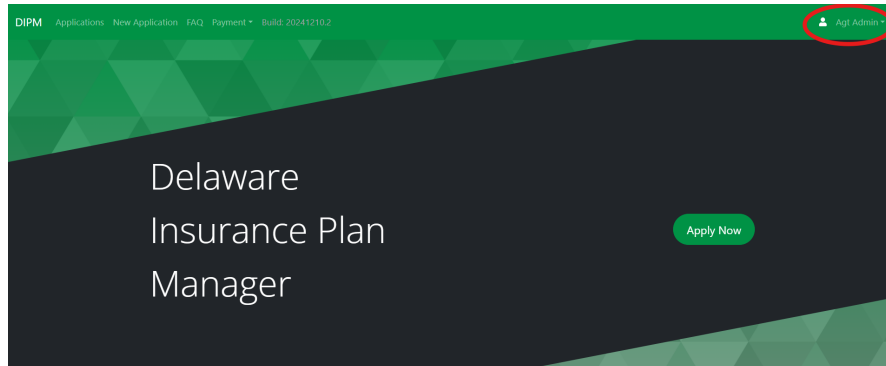
DIPM Navigation

DIPM was designed with an intuitive user interface that makes it easy to create and view Assigned Risk applications. This

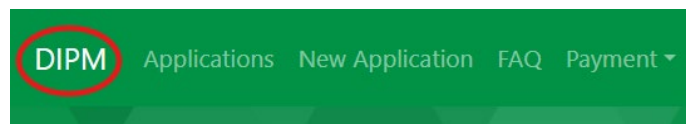
section provides an overview of the interface and explains some of the features available while navigating the DIPM application.

Home Screen

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

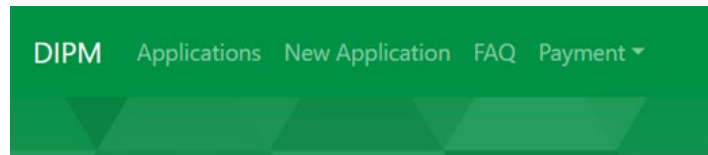


To return to the home screen at any time, select the DIPM icon on the top left-hand side of the navigation bar.



Navigation Bar

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

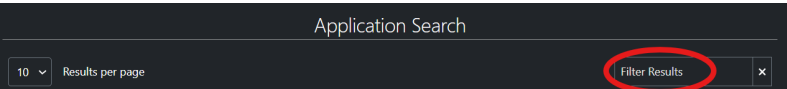


Applications Menu

This menu option will bring the user to the Application Search screen. The user will have the ability to search by the Employer Name, Agent/Employee Name, FEIN, Status, and Status Date Range fields on the left side of the page.

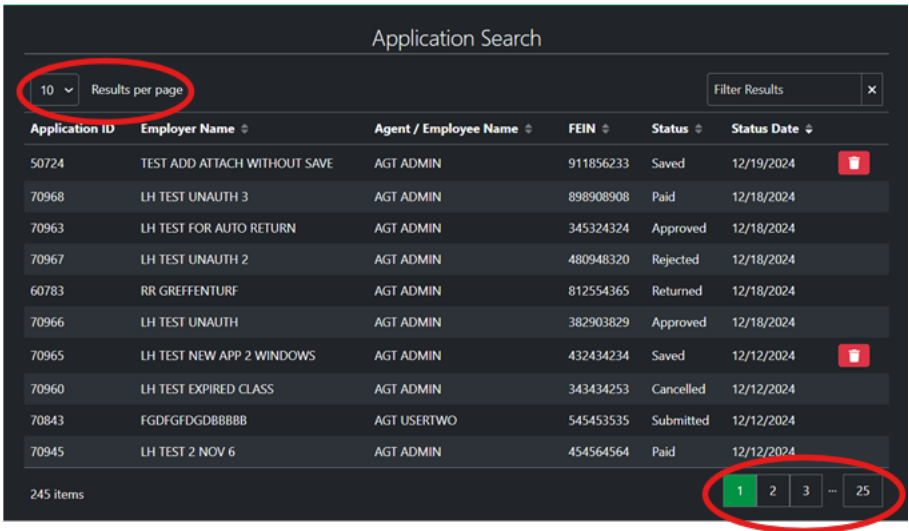
A screenshot of the Application Search form. It features several input fields: 'Employer Name', 'Agent/Employee Name', and 'FEIN'. There is a dropdown menu for 'Status' with 'Select...' as the current selection. Below that are two input fields for 'Status Date Range'. At the bottom of the form are two buttons: a green 'SEARCH' button and a grey 'RESET' button.

The results can also be filtered by any data available in the columns by using the Filter Results box which is located on the top right of the Application Search results grid.



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 option. The number of pages will display at the bottom of the screen and the user can navigate between the pages by selecting the number of the page they wish to go to.



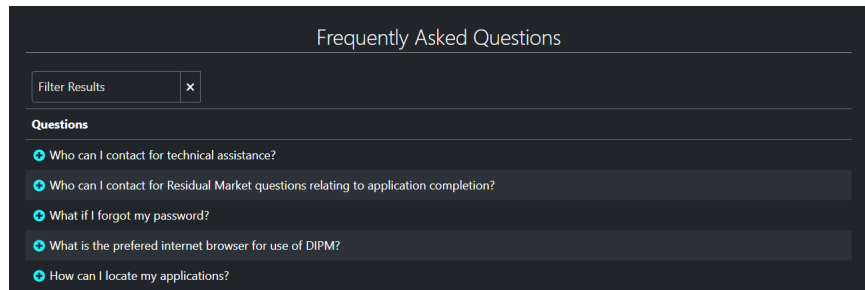
New Application

The New Application menu option will open a blank application. Additional details on the application are provided in the [Completing the Application](#) section of this document.

A screenshot of the 'New Application' form in the DIPM system. The form is titled 'General Information' and has a sidebar on the left with navigation links: General Information, Insurance Record, Insurance Refusal, Nature of Business, Deposit Premium, Applicant's Statement, and Agency and Producer. The main form area contains several sections: 'General Information' with fields for Requested Effective Date, Name of Employer, and FEIN; 'Mailing Address' with fields for Address Line 1, Address Line 2, City, State, and Zip Code; 'Principal Location of Business' with a radio button for 'Applicable?'; 'Payroll Office Address' with a radio button for 'Applicable?'; 'Other Delaware Location' with a radio button for 'Applicable?'; 'Legal Status' with radio buttons for Sole Proprietorship, Partnership, Corporation, Joint Venture, Limited Liability Company (LLC), Executor or Trustee, Title 19 - Independent Contractor, and Other; 'Name Change' with a radio button for 'Has there been a name change during the past three years?'; and 'Operations in Other States' with a radio button for 'Are there operations in states other than Delaware?'. A 'SAVE' button is located in the top right corner of the form.

Frequently Asked Questions (FAQ)

The FAQ menu option will open the Frequently Asked Questions screen. The user can filter for specific words and the questions that contain those words will display. The user can select the plus sign icon (+) next to the question to reveal the answer.



Payment

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

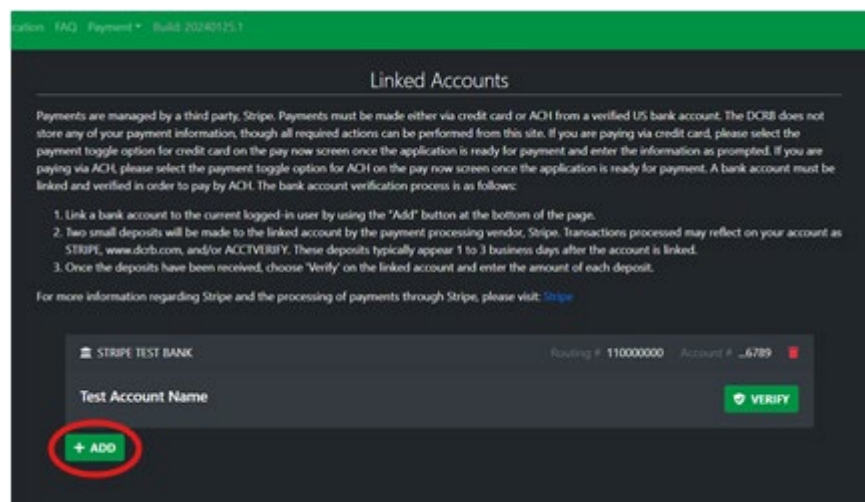
Linked Accounts

The Linked Accounts screen will allow users to add a bank account to utilize for making payments. Payments are managed by a third party, Stripe. Payments may be made by credit card or an Automated Clearing House (ACH) transaction from a verified US bank account. To submit payment by ACH, the user must link a bank account and must complete the account verification process. The DCRB does not store any account information, though all required actions are performed on the DIPM web application.

The Linked Accounts screen will display the current accounts linked to your user ID which are available to utilize to pay for the deposit premium. You also have the ability to add new or delete previously linked accounts from this screen.

Adding a Linked Account

To add an account, select the + ADD button and follow the instructions for account linkage. You will need the bank's routing number and account number.



We strongly recommend that agents link your agency account rather than using individual client accounts.

Link a New Bank Account

Payments are managed by a third party, Stripe. Payments must be made either via credit card or ACH from a verified US bank account. For more information regarding Stripe services, please refer to the Stripe [Service Agreement](#). For information regarding PCI Compliance and Data Privacy, please refer to the Stripe [Privacy Center](#). The DCRB does not store any of your account information, though all required actions can be performed from this site.

Please enter the below information to establish a link between your bank account and Stripe.

Note: To verify your bank account, Stripe will make two small deposits and withdraw the total of those deposits. Sometimes the deposits and withdrawal may process simultaneously.

Account Holder Type

Account Holder Name

Routing Number

Account Number

Confirm Account Number

Check Sample:

YOUR NAME
 1234 Main Street
 Anywhere, OH 00000

DATE 123

PAY TO THE ORDER OF \$

DOLLARS

⑆044072324 ⑆000123456789 ⑆123

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

Once the required information is entered, select the Save button.

Verifying A Linked Account

Once the account is linked, there will be two microdeposits into and one withdrawal out of the bank account. It may take 1-3 business days from account linking to receive these deposits and withdrawal.

Once the deposits are received, go back into DIPM to verify the account. To verify, go to the linked account, select the Verify button, enter the two deposit amounts that were received and then select the Verify button. Once the account is verified, it will be available to use for payment.

Verify Deposit Amounts

To verify your bank account, Stripe will make two small deposits and withdraw the total of those deposits. These deposits may show on your account with STRIPE, www.DCRB.com, and/or ACCTVERIFY within the transaction description. Please enter the two micro-deposit amounts below. Note that these may take 1-3 days to appear in your account.

First Deposit

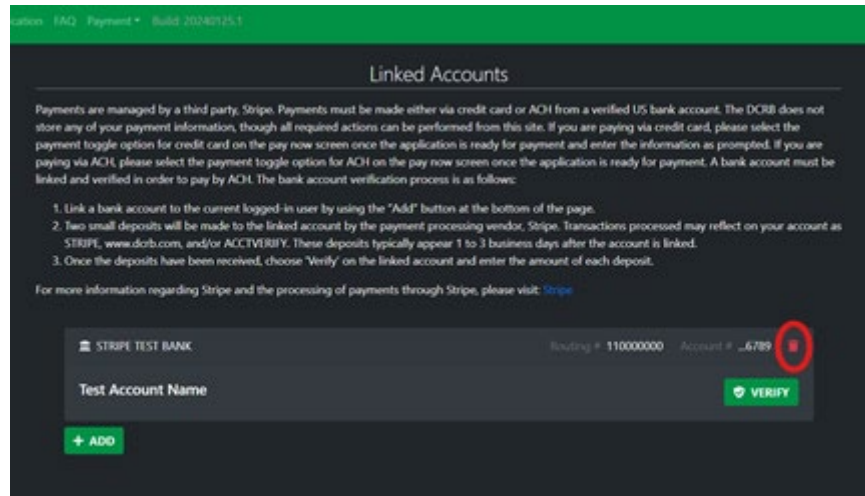
Second Deposit

If the user has tried to verify the account three times and has been unsuccessful, the account will be locked. If that occurs, please email DCRB staff at dipm@dcrb.com to let us know and include a screenshot of the bank statement showing the two deposit amounts. We will then reach out to our payment vendor for assistance with verifying the account. Note that if your account gets locked, the process to verify the account can take up to five (5) business days to complete.

If you have any issues with the account linking or verification, please reach out to us at (215) 320-4420 or dipm@dcrb.com.

Unlinking a Bank Account

To delete an account, simply select the red trash bin icon located next to the Account Number field and confirm the deletion of the account. This will remove the account link to your user ID.



Past Transactions

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

This screen will provide a summary of all processed transactions.

The summary view will provide:

- Application ID – Unique identifier for the submitted application
- Employer Name – Name of the insured
- Agent/Employer – Name of the agent or employer that completed the application
- FEIN – Federal Employer Identification Number
- Amount – The amount of deposit premium paid
- Payment Status – Most current payment status for the application
- Created Date – The date on which the payment was created

The results can be filtered by any data available in the columns by using the Filter Results box which is located on the top right of the Transactions results grid.

Transactions						
10	Results per page		Filter Results			
Application ID	Employer Name	Agent / Employee Name	Fein	Amount	Payment Status	Created
70969	LH TEST PAST TRANSACTIONS CREATION DATE	AGT ADMIN	923275416	8263	Succeeded	1/7/2025
70968	LH TEST UNAUTH 3	AGT ADMIN	898908908	48947	Succeeded	12/18/2024
70965	LH TEST NEW APP 2 WINDOWS	AGT ADMIN	432434234	12553	Failed	12/12/2024
70945	LH TEST 2 NOV 6	AGT ADMIN	454564564	15693	Succeeded	12/12/2024
70945	LH TEST 2 NOV 6	AGT ADMIN	454564564	15693	Failed	12/12/2024
70944	LH TEST FULL CYCLE FOR APPROVED STATUS	AGT ADMIN	123123123	13395	Failed	12/12/2024
70962	LH TEST ATTACH AND ASSIGN TO SEE IF GET ERROR	AGT ADMIN	923275416	7388	Succeeded	12/12/2024
70962	LH TEST ATTACH AND ASSIGN TO SEE IF GET ERROR	AGT ADMIN	923275416	7388	Failed	12/12/2024
70959	LH TEST 2 FINANCE AGREEMENT 50% DOWN	AGT ADMIN	923275416	2291	Succeeded	12/10/2024
70957	LH TEST AGENT ADD ATTACHMENT	AGT ADMIN	432434324	1561	Succeeded	12/9/2024
173 Items					1	2 3 18

If the user selects a transaction, it will expand to show the Effective Date and Payment Method as well as display a link to view the receipt.

SECTION IV – COMPLETING THE APPLICATION

New Application

The user can enter an application by selecting the Apply Now button from the home screen or selecting New Application from the Navigation bar. The left-hand side of the application window lists the different sections of the application. When an application is started, each section will display in 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 required fields in the section that have not been completed.

The screenshot shows the 'General Information' section of the DIPM New Application form. The left sidebar lists sections: General Information (selected), Insurance Record, Insurance Refusal, Nature of Business, Deposit Premium, Applicant's Statement, and Agency and Producer. The main form area includes fields for Requested Effective Date (10/11/2022), Name of Employer, FEIN, Address Line 1, Address Line 2, City, State (dropdown), and Zip Code. There are also sections for Principal Location of Business, Payroll Office Address, and Other Delaware Location, each with an 'Applicable?' toggle set to 'NO'. A 'SAVE' button is in the top right. An 'Attachments' section on the right says 'click here for DCRB forms' and 'No attachments'.

The user can select the sections on the left menu and DIPM will navigate to that section.

General Information

Requested Effective Date

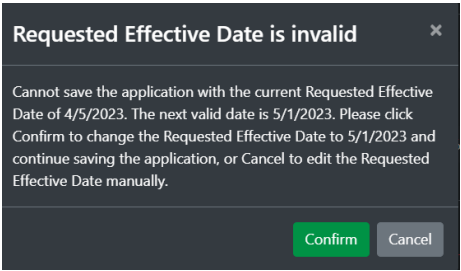
DIPM will default the Requested Effective date to the next day. The user can alter the requested effective date by clicking within the date field and selecting or entering a future date.

Note: All requested dates must be in the future. Same day selection is not available. Effective Date will ultimately be determined as the day after successful payment initiation.

This screenshot shows the 'General Information' section with the 'Requested Effective Date' field open to a calendar for January 2025. The date 17 is selected. The calendar shows days from 29 to 31. The rest of the form fields (Name of Employer, FEIN, Address Line 1, Address Line 2, City, State, Zip Code) and the 'SAVE' button are visible. The 'Attachments' section on the right now includes a 'Drop files here to upload or Browse' area with a 'Browse' button.

Requested coverage will be effective 12:01 A.M. on the first day following successful payment initiation unless a later date is entered.

If an application is started and has yet to be assigned to a carrier, the below notification may display the next time the application is accessed. Simply select the Confirm button to change to the noted date or, if a different future date is being requested, please select cancel and enter the desired date in the requested effective date field.



Name of Employer and Federal Employer Identification Number (FEIN)

The user is required to enter the name of the employer and the FEIN.

General Information

Requested Effective Date

10/11/2022

Name of Employer

FEIN

Addresses

The user must enter the mailing address. The user should also enter the principal location of business, payroll office address, or other Delaware locations *if* they differ from the mailing address. The user can toggle between no and yes to have the additional address selections appear. If yes is selected, the user can then enter the related address.

DIPMApplicationsNew ApplicationFAQPayment*Build: 20230219.1

General Information

Insurance Record

Insurance Refusal

Nature of Business

Deposit Premium

Applicant's Statement

Agency and Producer

General Information

Requested Effective Date

05/22/2023

Name of Employer

FEIN

Mailing Address

Address Line 1

Address Line 2

City

State

Select...

Zip Code

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

Principal Location of Business

Applicable?

YES

Address Line 1

Address Line 2

City

State

Select...

Zip Code

Payroll Office Address

Applicable?

NO

Other Delaware Location

Applicable?

NO

Legal Status

The user must indicate the legal status of the employer.

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 either of these options is selected, additional information will be required within the Sole Proprietor Election section of the application.

Corporation or Limited Liability Company (LLC) as Legal Status

If either of these options is selected, additional information will be required within the Corporate Officer section of the application.

Other as Legal Status

If this option is selected, the user must provide a brief definition within the explanation field.

Legal Status

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

☐ Joint Venture

☐ Limited Liability Company (LLC)

☐ Executor or Trustee

☐ Title 19 - Independent Contractor

☒ Other

Explain

Name Change

The user must answer the question to indicate if there has been a name change within the last three years. If yes is selected, the user must provide the previous name 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 yes is selected, the user must provide the state, location, and insurance carrier for those operations.

Operations in Other States

Are there operations in states other than Delaware?

☒ Yes

☐ No

State

Select... | v

Location

Insurance Carrier

Insurance Record

Previous Workers Compensation Coverage

The user must answer the question to indicate if there has there been previous workers compensation insurance coverage in Delaware. If yes is selected, the user must provide the name of the insurance carrier, policy number, policy from and to dates, policy premium, and policy payroll for the previous three years.

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... ▼					\$	\$

If no is selected, the user must choose one of the provided responses to explain why there was no previous coverage: New Business, Previously Uninsured, Previously Self Insured, or 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, Select... ▼

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

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

Unpaid Premium

The user must answer the question regarding if they owe any broker, agent, or insurance company unpaid premium. If yes is selected, the user must provide an explanation and will be warned that coverage may be denied or cancelled due to the unpaid premium.

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.

Common Ownership with another Entity

The user must answer the question to indicate 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 is selected, the user must provide information identifying the other entities and the insurance status.

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", please identify the entities involved and the workers compensation insurance or self-insurance status of the related entities in the box below. If needed, you may attach additional supporting information.

Insurance Refusals

To be eligible for coverage under the Delaware Insurance Plan, the employer must have attempted to secure coverage on the voluntary market within the last sixty days and been denied by two insurance companies that are licensed to write Workers Compensation in Delaware. Information related to the two refusals must be provided.

The user must provide the insurance company, name of representative, telephone number, and indicate whether the carrier is the current carrier for the employer.

Two Insurance Companies Who Have Refused Insurance

List below the names and telephone numbers of two representatives from **two** companies who have refused coverage in the past sixty days. The representative named must be a full-time employee of the insurance company. 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 type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Legal Status Elections

Sole Proprietor or Corporate Officer Election

This section is dynamic depending on the selected legal status. The following legal statuses will not display this section: 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(s), title, duties, and approximate annual salary of the sole proprietor or partners of a partnership and indicate whether they will be included in the coverage.

DIPM will create the Sole Proprietors, Partners, Officers and Others Coverage Endorsement (WC 00 03 10) dependent on how the application is filled out. This form will be available to print from the application. The user does not have to upload a copy of this endorsement.

Sole Proprietor Election

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

Name	Title	Duties	Approx. Annual Salary	Included	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	


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

The user must provide the name, title, duties, and approximate annual salary of the officers or members and indicate whether they are excluded from coverage and whether they are a stockholder. The user will also need to select the type of business for a Corporation: Subject to Title 30, Chapter 25 (construction) or Not subject to Title 30, Chapter 25 (non-construction).


DIPM will create the Exclusion Agreement form dependent on how the application is filled out. This form will be available to print from the application. The user does not have to upload a copy of this form.

Corporate Officer

List below the name(s), title, duties and approximate annual salary of all officers or Limited Liability Company members. Officer or member salaries are subject to a minimum/maximum, respectively.

Please Check 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

Name	Title	Duties	Approx. Annual Salary	Excluded	Stockholder	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Nature of Business, Location, Classification and Payroll in Delaware

Nature of Business

The user must select the type of business that is being conducted from the list provided: Manufacturing, Mercantile, Contractor, Service, Farm, or Other. If “Other” is selected, additional explanation is required.

The user must then 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

Class Code

The user will provide the classification code, number of employees, total payroll, and indicate whether USL&H applies. DIPM will populate the rate and calculate the premium. The class code can be found by entering the numeric code or by entering a term in the field.

Calculation of Estimated Annual Premium

Class Code	No. of Employees	Total Payroll	USL&H?	Rate	Minimum Premium	Premium
Select...			<input type="checkbox"/>			
0005 - Tree Pruning					Minimum Premium	\$0
0006 - Field Crop or Vegetable Farm					Total Policy Manual Premium	\$0
0007 - Farm Machinery Operation						
0008 - Mushroom Raising					Minimum Premium	
0009 - Logging or Lumbering, N.O.C.					Premium	
0011 - Flower Raising, Cultivating						
0012 - Landscape Contractor					Experience Modification (Code 9898)	
0013 - Miscellaneous					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 of Liability

The user will have the option to select to increase the limits of liability from the standard limits (100,000 bodily injury by accident per accident/100,000 bodily injury by disease per accident /500,000 bodily injury by disease policy limit). If the user does not wish to select increased limits of liability of 500,000/500,000/500,000 (code 9807) or 1,000,000/1,000,000/1,000,000 (code 9812) the selection should be 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 must provide an experience modification factor if one is applicable by switching the Experience Rated toggle button from no to yes and entering the applicable modification.

Experience Rated? YES

Experience Modification (Code 9898)

Merit Rating Adjustment

The user can select the appropriate Merit Rating Adjustment statistical code if one applies and DIPM will populate the percent and premium amount. If a merit rating adjustment does not apply, the user should leave the selection “Not Applicable”.

Merit Rating Adjustment	Not Applicable		Standard Premium	\$	0
Workplace Safety Credit (Code 9880)	Not Applicable	%		\$	0
Construction Premium Credit (Code 9046)	9884 - No Adjustment	%		\$	0
Surcharge (DIP) (Code 0277)	9885 - 5% Credit	%		\$	0
Deductible Credit (Code 9663)	9886 - 5% Debit	%		\$	0

Premium Adjustments

The user should enter the percentages for any premium adjustments that apply (Workplace Safety Credit, Construction Premium Credit, Surcharge, or Deductible Credit) in the first column. DIPM will calculate the premium. Premium Discount, if it applies, and Expense Constant will be populated by DIPM.

Workplace Safety Credit (Code 9880)		
Construction Premium Credit (Code 9046)		
Surcharge (DIP) (Code 0277)		
Deductible Credit (Code 9663)		
Less Premium Discount (Code 0063)		
Plus Expense Constant (Code 0900)		

Deposit Premium

The available deposit premium percentage options will display based on the calculated premium amount.

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:

☒ Annual - 100% ☐ Semi-annual - 75% ☐ Quarterly - 50% ☐ Monthly - 25%

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

Payments made through DIPM are managed by a third party, Stripe. Payments may be made by credit card or an Automated Clearing House (ACH) transaction 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. This option is only available on the application screen prior to the application's submission.

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](#)

For further information on linking an account, please see the previous [Linked Accounts](#) section.

Payment Terms

Financed Deposit Premium


Users must provide finance agreement information if a portion of the deposit premium is financed. Simply choose the Provide Finance Agreement selection and enter the amount of premium financed. DIPM will calculate the final amount of the deposit premium due.

A copy of the finance agreement must be added as an attachment. If finance agreement is selected, DIPM will not allow submission of the application without a finance agreement attached. Further information regarding attaching documents can be found in the [Adding Attachments](#) section of this guide.

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's Statement

The user must enter the applicant's title, name, email address, telephone number. The electronic signature must be completed. The applicant must be an owner, officer, or LLC member of the company. By signing this application, the applicant certifies that all information in the application is true.

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.

Applicant Signature: Date:

Agency and Producer

If the logged in user is an employer, this section will not display. If the logged in user is an agent, the following fields will be prefilled from User ID profile: the Delaware Agent License Number, Agent's Name, Agency Name, Email Address, Agency FEIN, Telephone Number, Fax Number, and Address. Electronic signature must be completed.

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.

Agent Signature: Date:

SECTION V - ATTACHMENTS, FORMS, AND PRINTING

Adding Attachments

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

To upload an attachment, the user can either utilize the browse feature to locate the files or may simply drag and drop the documents into the Attachments section.

Status

Saved

[View History](#)

SAVE

PRINT

DELETE

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

Drop files here to upload
or
Browse

Prior to finalizing the attachment, the user will need to select an attachment type.

File(s) to Upload:

Name	Type
FINANCE AGREEMENT ATTACHMENT.docx	Miscellaneous
	Miscellaneous
	Premium Finance Agreement
	Truckers Supplemental Application
	Experience Modification Rating/Merit Rating Adjustment Worksheet
	ERM-14 Ownership Form

LOAD

The types of attachments are as follows:

- Miscellaneous -This is for any documents not specifically listed in the drop down.
- Premium Finance Agreement
- Truckers Supplemental Application
- Experience Modification Rating/Merit Rating Adjustment Worksheet
- ERM-14 Ownership Form

***Note** - The inclusion endorsement and exclusion agreement will generate automatically based on the information entered into DIPM and the user does not need to upload a copy of them.

Printing

The user will have the ability to print an application and any attachments after the application has been successfully saved.

General Information

Requested Effective Date: 01/21/2025

Name of Employer: TEST

FEIN: 12-3543211

Mailing Address

Address Line 1: 101 MAIN STREET

Address Line 2:

City: DOVER

State: DELAWARE

Zip Code: 19901

Status: **Saved**

[View History](#)

SAVE

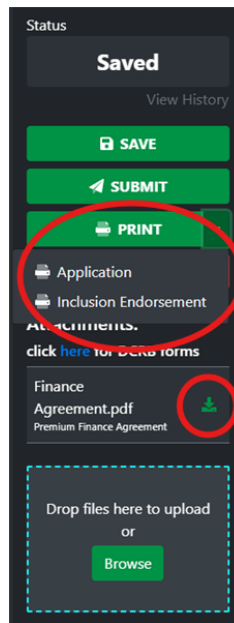
PRINT

DELETE

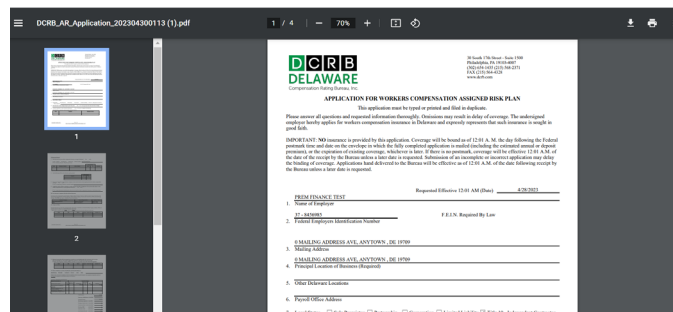
Attachments:
click [here](#) for DCRB

To print the application or other system-generated forms (such as the inclusion endorsement or exclusion agreement forms) select print and select the form to be printed. This will download the document, and the user may open the PDF version of the document to print it.

To print attachments, select the download icon next to the attachment listed. This will download the document, and the user may open the PDF version of the document to print it.



To view the documents, they must be opened with Adobe Acrobat or Adobe Acrobat Reader. Adobe Acrobat Reader is available as a free download here: <https://get.adobe.com/reader/>.

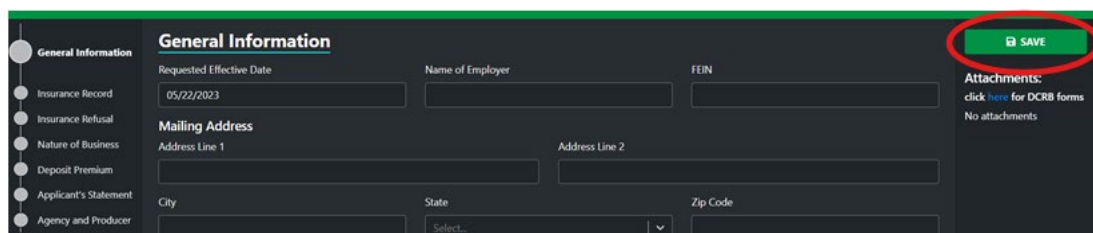


Once the PDF is opened, you may print by selecting the printer icon within the upper right-hand corner or save the document to your computer by selecting the download button to the left of the printer icon.

SECTION VI –SAVING, VIEWING, AND SUBMITTING THE APPLICATION

Saving an Application

It is recommended that an application is saved early and frequently throughout its completion. After thirty minutes, DIPM will time out. Users can save the application by selecting the save button on the right side of the application screen.



It is important that any work is saved prior to navigating to another screen or closing DIPM. If not, entered application

information may be lost. After saving, the user also has the option to add notes that will be saved within the application history section. Saving frequently is a good habit to develop.

Save Application

Save application with an optional note, which can be viewed in application history.

Save

Cancel

Viewing an Application

To view an application, utilize the Applications menu option. Once selected, the user may search and navigate to the desired application and select it to open it.

DIPM Applications New Application FAQ Payment Build: 20230519.1

Application Search

Employer Name

Agent/Employee Name

FEIN

Status

Status Date Range

SEARCH RESET

10 Results per page

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	363336336	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 an Application

All required fields must be completed before an application can be submitted.

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

Name of Employer

FEIN

Mailing Address

Address Line 1

Address Line 2

City

State

Zip Code

If there are any errors upon saving, a list will populate at the very top of the application screen indicating which field or information is missing. To view this list in its entirety, select the Click to Expand option.

The screenshot shows the 'General Information' section of the application form. At the top right, a red banner indicates '3 Errors' with a 'click to expand' link. The form fields include 'Requested Effective Date' (01/21/2025), 'Name of Employer' (TEST), 'FEIN' (12-3543211), 'Address Line 1' (101 MAIN STREET), 'Address Line 2', 'City' (DOVER), 'State' (DELAWARE), and 'Zip Code' (19901). On the right, there are buttons for 'SAVE', 'PRINT', and 'DELETE', and a 'Status' section showing 'Saved'.

Once the expansion is selected, the error list will appear along with details needed for completion. Select a specific error from the list and DIPM will navigate to the corresponding field on the application. The application will not be able to be submitted until all these errors are resolved. If there is no Submit button available, it is because there are existing errors.

The screenshot shows the error list expanded. It features a table with two columns: 'Field' and 'Error Message'. The errors listed are: 'Class Code' (Class code is required.), 'Previously Uninsured Reason' (Must answer all questions.), and 'Statement' (Producer's signature cannot be blank.). A '3 Errors' banner is at the top, and a 'Click a row to jump to the error dashboard.' link is below it. The left navigation menu shows 'General Information' as the active section, with other sections like 'Insurance Record', 'Insurance Refusal', 'Sole Proprietor Election', 'Nature of Business', 'Deposit Premium', 'Applicant's Statement', and 'Agency and Producer' marked with red X's.

*Note: The application navigation menu shown on the left will also indicate sections with missing information as indicated by a red X. .

Once all information has been completed and there are no errors, the user must submit the application by using the Submit button on the right-hand side of the application screen.

The screenshot shows the 'General Information' section of the application form. The 'Submit' button is highlighted with a red circle. The form fields are the same as in the previous screenshot. The 'Status' section on the right shows 'Saved'.

Upon successful application submission, the status will change to Submitted and the user will receive an email notifying them of the application submission.

Further processing communications will be managed via email.

Delayed Processing and Return or Rejection of an 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 and/or the application returned.

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

- Existing coverage already in force
- Outstanding premium owed on prior policy
- Failure to comply with an audit on prior policy
- Omission of prior policy premium and payroll
- Omission of carrier declinations or inability to confirm the declinations with the information provided
- Description of operations/business that lacks necessary detail
- Use of incorrect class code

If the application is incomplete, the agent or employer, if an agent does not exist, will be notified. The application will remain in the Returned status until all information has been completed, the application is resubmitted, and final approval is given by the DCRB. Once final approval is given, the agent or employer, if an agent does not exist, will be notified that the application is ready for payment. Coverage will be bound 12:01 A.M. on the first day following successful payment receipt unless a later date is requested.

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

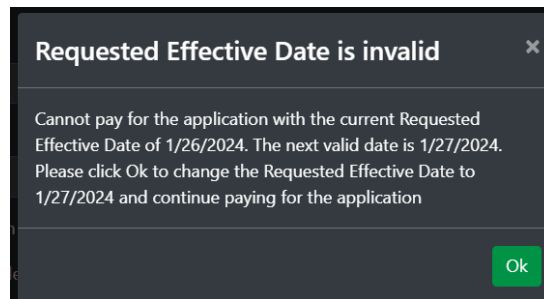
SECTION VII – DEPOSIT PREMIUM PAYMENT

Deposit Premium

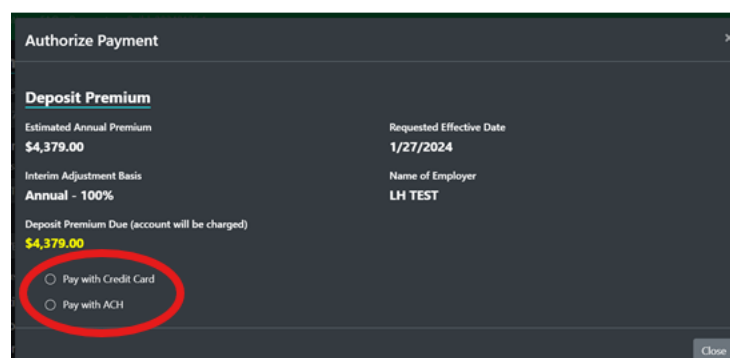
Making a Payment

Once the application has been given final approval and is assigned to a carrier, the user will receive an email noting that it is ready for payment.

To make the payment, go back into the application and select the Pay Now button located on the right-hand side of the application screen. Please note that effective date will be no sooner than the day after payment is successfully initiated. A pop-up message may display letting you know that the effective date must be changed before the payment can be submitted.



The user may pay with a credit card or by ACH transaction from a linked and verified US bank account.



To pay with a credit card, select the Pay with Credit Card radio button. Enter the required credit card information and then select the Pay button.

☒ Pay with Credit Card

☐ Pay with ACH

I hereby authorize the Delaware Compensation Rating Bureau, Inc. to perform a one-time charge to the credit card provided for the deposit premium due as noted below.

I understand that transactions may take up to 1-3 business days to fully process. This permission is for a single transaction only for the deposit premium noted below. This does not provide authorization for any additional deposit premiums relating to other applications that may have been submitted via the Delaware Insurance Plan Manager.

If you have questions regarding your payment, please contact the DCRB via email at dipm@dcrb.com. All payment processing is performed through our third-party vendor, Stripe. For more information regarding the credit card payments and the processing of these transactions, please visit [Stripe](#).

Deposit Premium
\$4,379.00

Pay with card

Email

Card information

1234 1234 1234 1234

MM / YY CVC

Cardholder name

Full name on card

Country or region

United States

ZIP

Pay

Powered by [stripe](#) | [Terms](#) | [Privacy](#)

Close

To pay with a linked and verified bank account, select the Pay with ACH radio button. Next select the account you wish to use to pay for the deposit premium and then select the Confirm Payment button.

☐ Pay with Credit Card

☒ Pay with ACH

I hereby authorize the Delaware Compensation Rating Bureau, Inc. to perform a one-time charge to the bank account listed for the deposit premium due as noted below.

I understand that transactions may take up to 1-5 business days to fully process. This permission is for a single transaction only for the deposit premium noted below. This does not provide authorization for any additional deposit premiums relating to other applications that may have been submitted via the Delaware Insurance Plan Manager.

If you have questions regarding your payment, please contact the DCRB via email at DIPM@dcrb.com. All payment processing is performed through our third-party vendor, Stripe. For more information regarding ACH transactions and the processing of these transactions, please visit [Stripe](#).

Select Account

Account	Acct. Holder	Routing #	Account #
<input checked="" type="radio"/> STRIPE TEST BANK	Test Account Name	110000000	6789

Close

CONFIRM PAYMENT

Confirm that the correct account is chosen and select the Submit Payment button.

Confirm Payment

Please confirm payment for employer LH TEST using the linked bank account for Test Account Name for the amount of \$4,379.00.

Cancel

SUBMIT PAYMENT

Once the payment is initiated, the application will move to Payment Pending status. Note that it may take 1-5 business days to complete payment processing. Credit card payments are generally processed immediately.

If the payment is successful, the application will move to Paid status and the user will receive an email with copy of the binder, a receipt of payment for the deposit premium, and information regarding the carrier assignment along with the effective date of coverage.

If the payment fails, the application will move to Payment Failed status and the user will have to access the application to initiate another payment. Please note that effective date may need to change again based on the new payment date.

Binding of Coverage

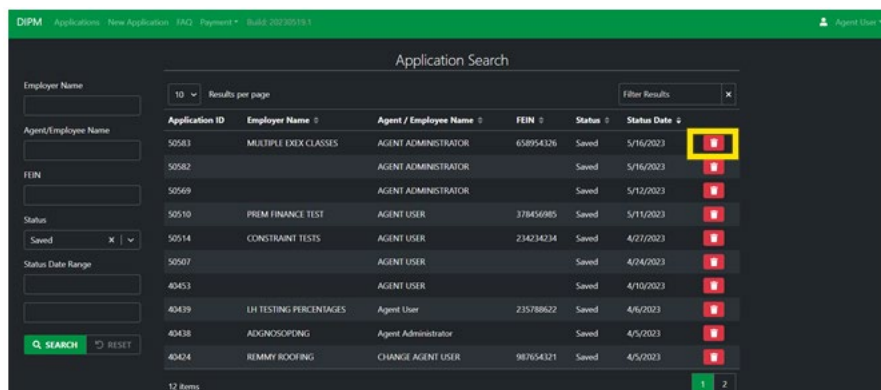
In all instances, the DCRB is limited in its binding authority as follows:

- The DCRB can only bind coverage if a deposit for the correct deposit premium is received with the application. Only electronic payments within the Delaware Insurance Plan Manager (DIPM) using DCRB's payment vendor, Stripe, 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.
- Coverage will be effective 12:01 A.M. on the first day following payment receipt unless a later date is requested.
- All applications submitted through DIPM will be reviewed for accuracy using all available historic information regarding the employer.

If coverage is bound pursuant to the above, the DCRB will issue a 30-day binder with copies provided to the agent, or employer, if an agent does not exist, 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.

SECTION VIII – DELETING AN APPLICATION

Applications in saved status that have yet to be submitted may be deleted. Deletions can be done by accessing the Applications main menu or from within the application. On the Application Search screen, the individual application can be deleted by selecting the trash bin icon in the far-right column next to that application.



The screenshot shows the DIPM Application Search interface. On the left, there are search filters for Employer Name, Agent/Employer Name, FEIN, Status, and Status Date Range. The main area displays a table of applications. The first row is highlighted, and a red trash bin icon is visible in the far-right column next to it. The table has columns for Application ID, Employer Name, Agent / Employer Name, FEIN, Status, and Status Date.

Application ID	Employer Name	Agent / Employer Name	FEIN	Status	Status Date
50583	MULTIPLE DEX 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	ADGNOSCPING	Agent Administrator		Saved	4/5/2023
40424	REMY ROOFING	CHANGE AGENT USER	987654321	Saved	4/5/2023

Within the application screen itself, the deletion can be done by selecting the Delete button on the right side of the screen.

This screenshot shows a vertical status bar for an application. At the top, it says 'Status' followed by a dark grey box containing the word 'Saved'. Below this is a link 'View History'. Then there are four green buttons: 'SAVE' with a save icon, 'SUBMIT' with a paper plane icon, 'PRINT' with a printer icon and a dropdown arrow, and 'DELETE' with a trash can icon. The 'DELETE' button is circled in yellow.

Once the Delete button is selected, a window will pop up asking the user to confirm the deletion.

This is a modal dialog box titled 'Delete Application' with a close button (X) in the top right corner. The main text asks: 'Are you sure you want to delete this application? This action cannot be undone.' At the bottom right, there are two buttons: a grey 'Cancel' button and a red 'Delete' button.

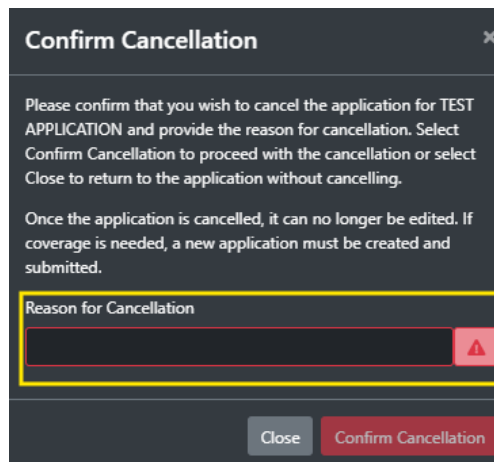
Note: Deleting an application is final. Applications deleted in error cannot be recovered and must be rekeyed.

SECTION IX – CANCELLING AN APPLICATION

Cancellations can be completed on applications that are in the following statuses: Approved, Assigned, Payment Failed, Returned, Submitted, and Saved (when after an initial submission). Applications that are no longer needed should be cancelled. To cancel an application, use the Cancel Application button which is found on the right side of the application window.

This screenshot shows a full application form. On the left, under 'General Information', there are fields for 'Requested Effective Date' (01/21/2025), 'Name of Employer' (TEST), and 'FEIN' (12-3543211). Below that is the 'Mailing Address' section with fields for 'Address Line 1' (101 MAIN STREET), 'Address Line 2', 'City' (DOVER), 'State' (DELAWARE), and 'Zip Code' (19901). On the right side, there is a 'Status' section showing 'Submitted' with a 'View History' link. Below the status are buttons for 'PRINT' and 'X CANCEL APPLICATION', with the latter highlighted by a yellow oval. At the bottom right, there is an 'Attachments' section with a link to 'click here for DCRB forms' and a file named 'Finance Agreement.pdf'.

Once the Cancel Application button is selected, a window will pop up asking the user to confirm the cancellation and provide a reason for the cancellation. The Confirm Cancellation button will not become active until a Reason for Cancellation is entered in the text box.



Confirm Cancellation [X]

Please confirm that you wish to cancel the application for TEST APPLICATION and provide the reason for cancellation. Select Confirm Cancellation to proceed with the cancellation or select Close to return to the application without cancelling.

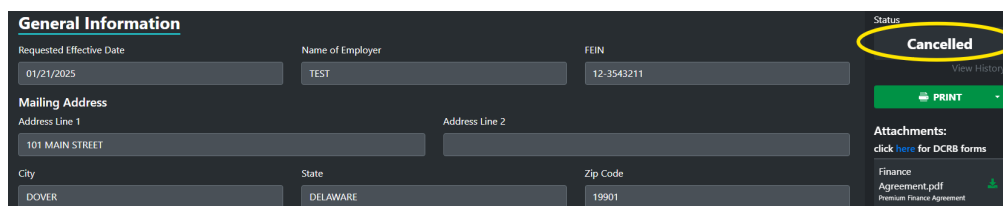
Once the application is cancelled, it can no longer be edited. If coverage is needed, a new application must be created and submitted.

Reason for Cancellation

[Redacted text box with a red warning icon]

Close Confirm Cancellation

Once the cancellation is confirmed, the application status will change to Cancelled.



General Information

Requested Effective Date 01/21/2025	Name of Employer TEST	FEIN 12-3543211	Status Cancelled View History
Mailing Address Address Line 1 101 MAIN STREET		Address Line 2	Attachments: click here for DCRB forms Finance Agreement.pdf Premium Finance Agreement
City DOVER	State DELAWARE	Zip Code 19901	

PRINT

While DCRB staff can cancel applications, it is preferred that the agent or employer cancels the application. This will eliminate the need to send DCRB an email or to call us to let us know. This will also eliminate automated expiration notice emails from being sent out.

Once an application has been cancelled, the user will receive an email confirming the cancellation. Users cannot make any edits to an application that is in Cancelled status. If coverage is needed, a new application must be entered.

SECTION X – EXPIRED APPLICATIONS

Applications will be marked expired by an automated process after 90 days of inactivity. Applications in the following statuses are subject to expiration: Approved, Assigned, Payment Failed, Processing, Returned, Saved, and Submitted.

Email notices of pending expiration will be sent out 15, 30, 60, and 87 days after the last activity date. If at any time the user receives a notice of pending expiration and knows that the application is no longer needed, the application can be cancelled or deleted. Doing so will prevent additional pending expiration emails from being sent out. Notice of application expiration will be sent out 90 days after the application's last activity date.

Once an application has expired, the user will receive an email confirming the expiration. The application can no longer be edited. If coverage is needed, a new application must be entered.

SECTION XI – APPLICATION STATUS AND HISTORY

Application Status Definitions

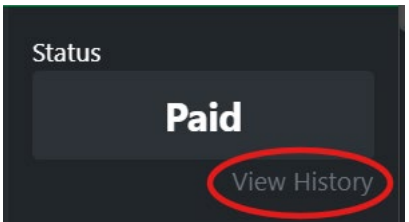
The below reference table will describe each application status available within DIPM. For any questions regarding an application or its status please contact dipm@dcrb.com.

DIPM Status	Description
Approved	An application has been approved for completeness and is awaiting final review from DCRB staff.
Assigned	An application has been given final approval and has been assigned to a residual market insurance carrier and is awaiting payment of deposit premium. Once the application has been assigned, the user will receive email communication from DIPM noting that the application is ready for payment and can utilize the link within the email to access the application and make the payment.
Cancelled	An application has been cancelled by the user because it is no longer needed. The user will receive email communication from DIPM confirming the cancellation. Once an application is cancelled, it can no longer be edited.
Expired	An application has expired after 90 days of inactivity. The user will receive email communication from DIPM noting the expiration. Once an application is expired, it can no longer be edited. Note that the user will receive a total of four emails alerting them to the pending expiration prior to the application expiration.
Paid	Payment is complete and the application and payment will be sent to a residual market insurance carrier. The user will receive email communication from DIPM which contains a copy of the binder, a link to the payment receipt, notice of the assigned carrier, and the effective date of coverage.
Payment Failed	An application has failed payment processing, and a new payment must be initiated. The user will receive email communication from DIPM and can utilize the link within the email to access the application and initiate payment.
Payment Pending	Payment for deposit premium is processing. This takes 1-5 business days for ACH payments and is generally immediate for credit card payments.
Processing	An application is still processing in the system.
Rejected	An application has an error and must be reentered. If the application has been returned, the user will receive email communication from DIPM which will state the reason for the rejection. If still needed, the user must recreate the application.
Returned	An application is incorrect and requires correction and resubmission. The user will receive email communication from DIPM which will state the reason for the return and can utilize the link within the email to access the application and make the necessary corrections.
Saved	An application is saved in DIPM. Applications can be saved at any time and should be saved frequently.
Submitted	An application has been submitted for DCRB review and processing. Upon successful submission of an application, the user will receive a confirmation email from DIPM.

Note that all system generated emails will come from NoReplyProd@DCRB.COM. Please add our domain, DCRB.COM, to your email safe senders list to ensure all important notifications from DIPM are received without going to the spam folder. All emails will be sent to the email address on the application for the agent or employer, if no agent exists.

Application History

The history of an individual application can be viewed at any time by simply opening the application and selecting the View History link found under the Status field.



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 will also be viewable. The user can expand each row to see additional details.

Application History		
Status	Date	User
➤ Saved	01/26/2024 11:02:30 am	Emp UserOne
➤ Submitted	01/26/2024 11:02:46 am	Emp UserOne
➤ Approved	01/26/2024 11:06:51 am	SystemUser
➤ Returned	01/26/2024 11:15:49 am	Lauren Hughes
Application for TEST STATUS EMAILS was returned on January 26 2024 11:15 AM with the following reason: We were unable to confirm the declinations of insurance on the voluntary market with the information provided. Please update the information or attach documentation showing the declinations and then save and resubmit the application. Please note that effective date will not be set until all issues are cleared, the application is given final approval by DCRB and successful payment is initiated. Effective date will be no sooner than the day after payment is initiated.		
➤ Saved	01/26/2024 11:17:33 am	Emp UserOne
Application for TEST STATUS EMAILS was updated on January 26 2024 11:17 AM.		
➤ Submitted	01/26/2024 11:17:38 am	Emp UserOne
➤ Approved	01/26/2024 11:17:38 am	SystemUser
➤ Assigned	01/26/2024 11:18:35 am	Lauren Hughes
➤ Payment Pending	01/26/2024 11:21:19 am	Emp UserOne
➤ Payment Failed	01/26/2024 11:21:20 am	SystemUser
The payment on the application for TEST STATUS EMAILS failed on January 26 2024 11:21 AM.		
➤ Payment Pending	01/26/2024 11:22:03 am	Emp UserOne
➤ Paid	01/26/2024 11:22:20 am	SystemUser
12 items		