

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

***Delaware Compensation Rating Bureau, Inc.***



***Issued: January 2024***

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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.

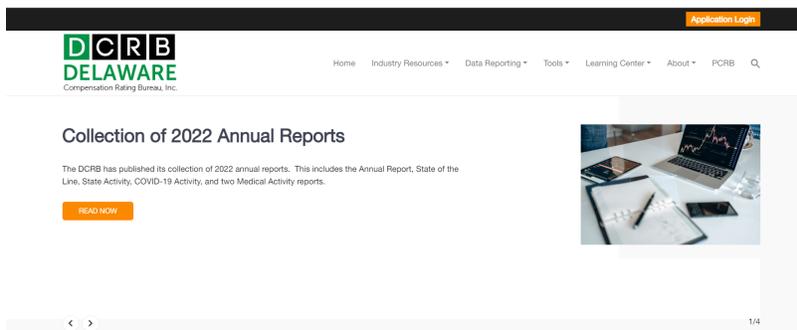
For any technical questions not covered in this user's guide, please contact the DCRB, Inc. at (215) 320-4933 or [centralsupport@dcrb.com](mailto:centralsupport@dcrb.com).

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

## SECTION I. – 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](http://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](mailto: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*.

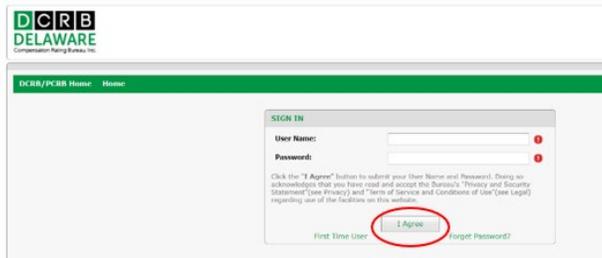
### System Requirements

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](mailto:centralsupport@dcrb.com).

## SECTION II. – LOGIN TO DIPM

### Logging into DIPM

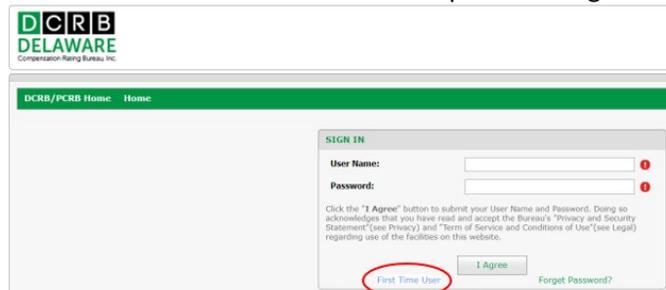
Registered agents and employers should enter the **Username** and **Password**. The password field is case-sensitive.



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).

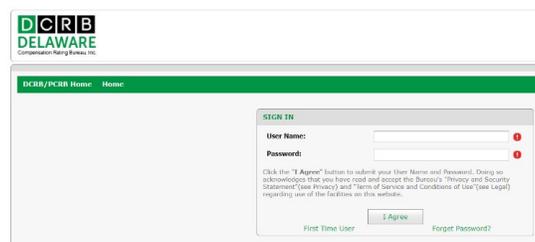
Once signed into the Application Login, click on **Request Access>To Application** and select **Delaware Insurance Plan Manager** from the list of available applications. After requesting access, your AGA will be notified and then have the ability to approve/reject your request for access. Contact DCRB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

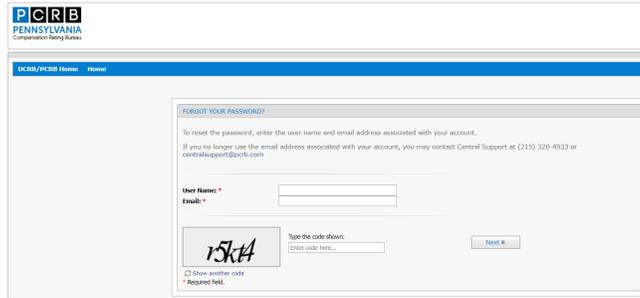
Once successfully logged in, the user will observe the Application Manager home screen. Select Delaware Insurance Plan Manager to launch the application.

## 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**

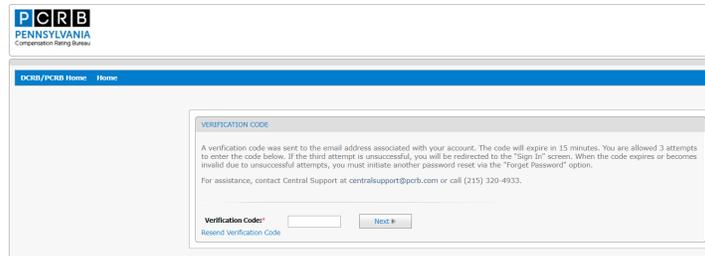
This code will expire in 15 minutes. You are allowed 3 attempts to enter this code on the verification screen. If the third attempt is unsuccessful, you will be redirected to the "Sign In" screen. When this code expires or becomes invalid due to unsuccessful attempts, you must initiate another password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

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

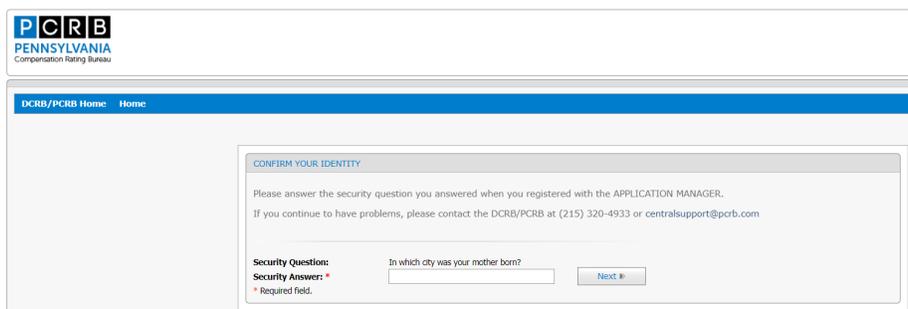
**CONFIDENTIALITY NOTICE:** This e-mail is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this communication in error, please do not distribute 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.

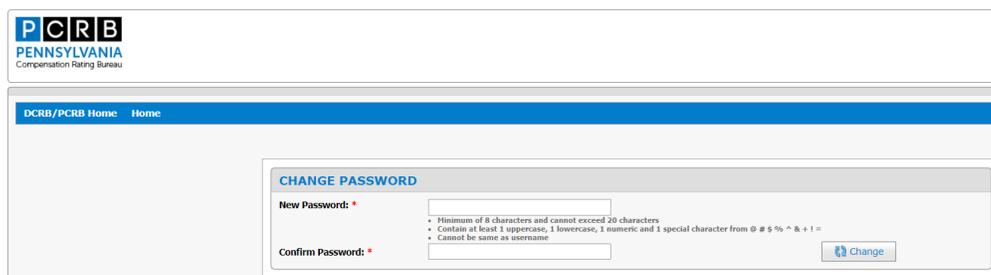
This verification code should be entered into the screen prompt and then select next.



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.



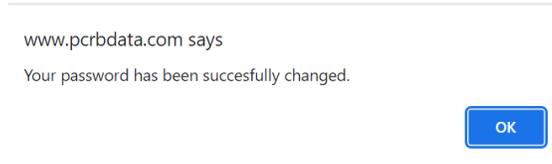
Once these steps are completed, you will then be able to change your password.



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.



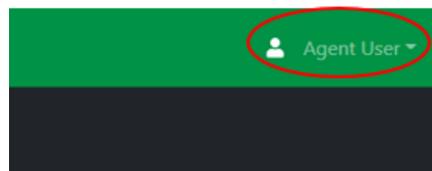
## SECTION III. – DIPM NAVIGATION OVERVIEW

### DIPM Navigation

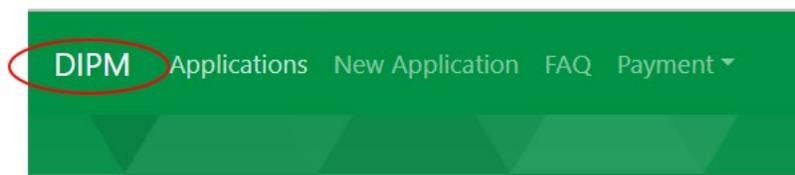
DIPM was designed with an intuitive user interface that makes it easy to create and view Assigned Risk applications. This section provides an overview of the interface and explains some of the features available while navigating the DIPM application.

### 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.

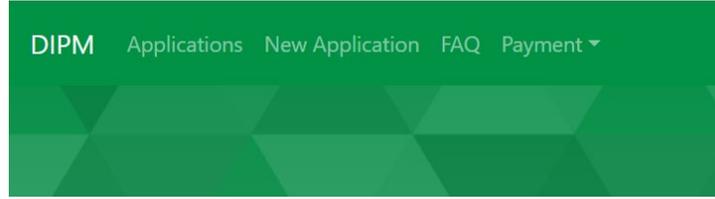


To return to the home screen at any time, select the DIPM icon on the top left-hand side of the navigation bar.



## Navigation Bar

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



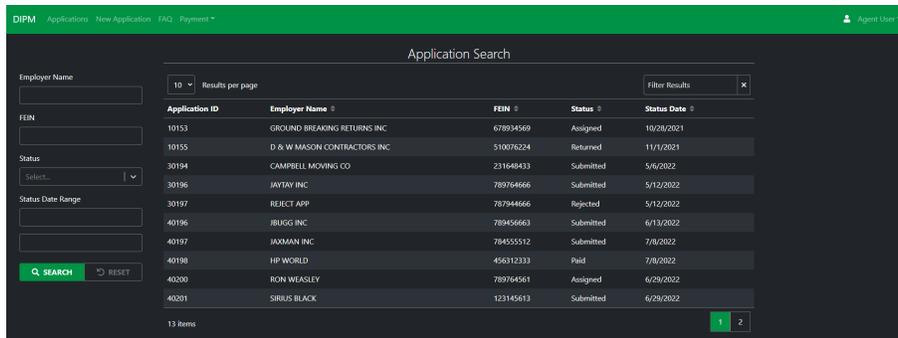
## Applications Menu

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.

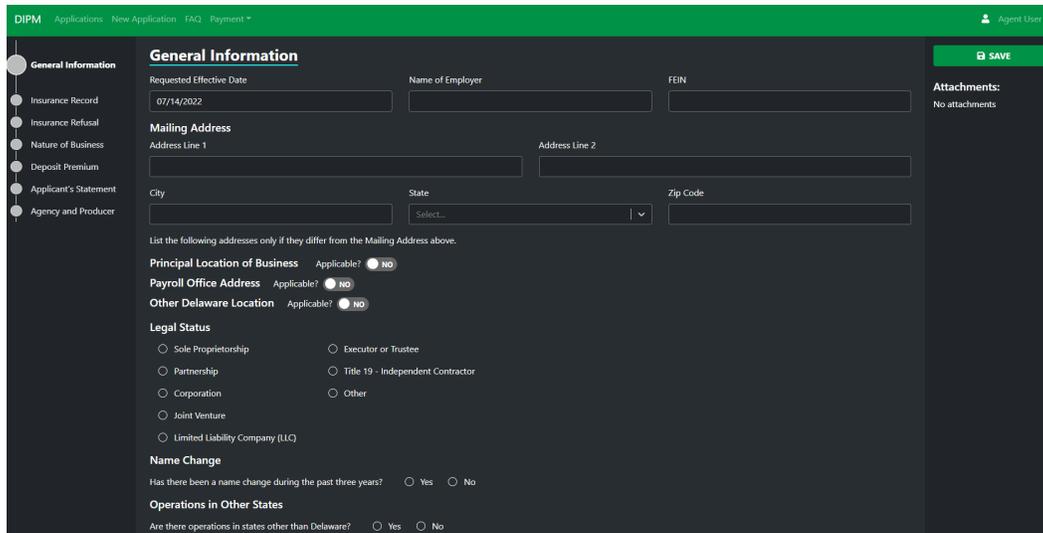
The agent-user will only see applications that are affiliated with their agency.

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.



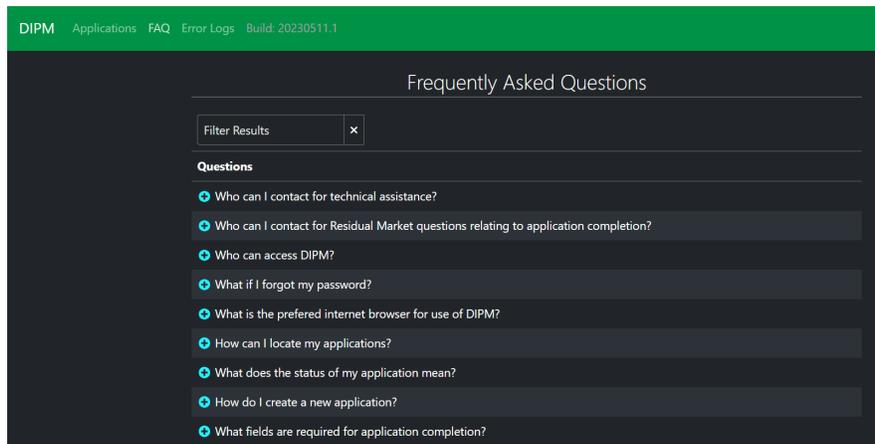
## New Application

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

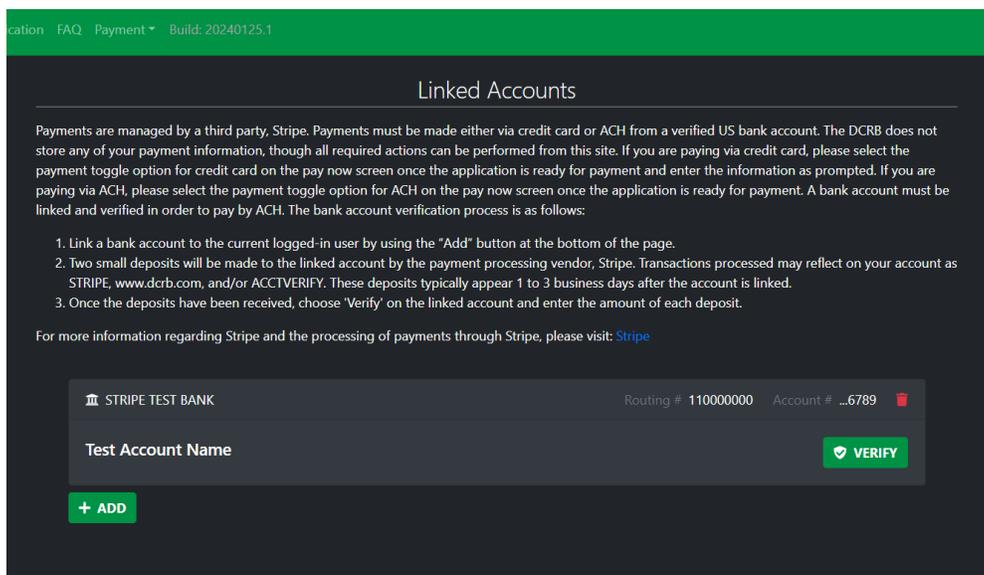
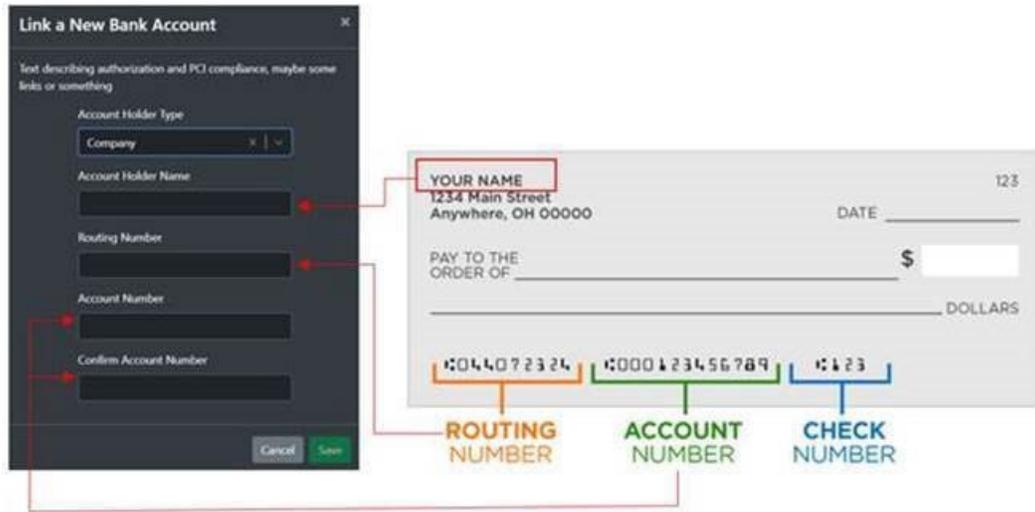
The Linked Accounts screen will allow users to add a bank account to utilize for making payments. Payments are managed by a third party, Stripe. Payments may be made by credit card or an Automated Clearing House (ACH) transaction from a verified US bank account. In order to submit payment by ACH, you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

To add an account, select the "+ ADD" button and follow the instructions for account linkage.

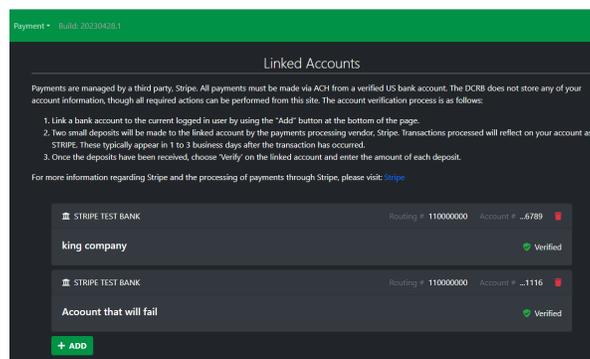
**Note:** You will need your routing and account number handy. For agents, we strongly recommend that you link your agency account rather than using individual client accounts.

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



## Unlinking a Bank Account

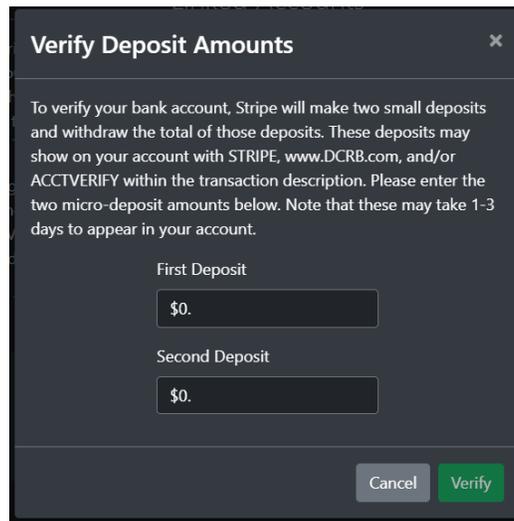
To delete an account, simply select the red trash bin icon and confirm the deletion of the account. This will remove the account linkage to your user ID.



## Verify a Linked Account

Once the account is linked, you will receive 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.

Once you receive the deposits, go back into DIPM to verify. In order to verify, go to the linked account, select the Verify button, enter the two deposit amounts 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  
\$0.

Second Deposit  
\$0.

Cancel Verify

If you have tried to verify the account three times and have been unsuccessful, your account will be locked. If that occurs, please email [dipm@dcrb.com](mailto:dipm@dcrb.com) to let us know and include a screenshot of your bank statement showing the two deposit amounts. We will then reach out to our payment vendor for assistance with verifying the account.

If you have any issues with the account linking or verification, please reach out to us at [dipm@dcrb.com](mailto:dipm@dcrb.com).

After the account is verified, to make the payment once the application has been given final approval and is assigned to a carrier, go back into the application and select the Pay Now button. Please note that effective dates will be no sooner than the day after payment is initiated.

## 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.

DIPM Applications New Application FAQ Payment Build: 20230518-1 DIPM USER

### Transactions

10 Results per page Filter Results

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

645 Items 1 2 3 - 65

## 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.

DIPM Applications New Application FAQ Payment Bet Demo

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

### General Information

Requested Effective Date

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

SAVE

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

## General Information

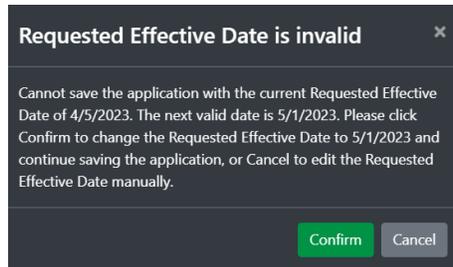
### Requested Effective Date

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 update 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.

The screenshot shows a dark-themed form titled "General Information". It contains the following fields:

- Requested Effective Date:** A text input field containing "10/11/2022".
- Name of Employer:** A text input field.
- FEIN:** A text input field.
- Mailing Address:** A section header followed by two text input fields for "Address Line 1" and "Address Line 2".
- City:** A text input field.
- State:** A dropdown menu with "Select..." and a downward arrow.
- Zip Code:** A text input 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.

The screenshot shows the 'General Information' section of the DIPM application. The 'Principal Location of Business' field is highlighted with a red box, and the 'Applicable?' radio button is selected 'yes'. The form includes fields for 'Requested Effective Date', 'Name of Employer', 'FEIN', 'Mailing Address' (Address Line 1, Address Line 2, City, State, Zip Code), and 'Principal Location of Business' (Address Line 1, Address Line 2, City, State, Zip Code). There are also radio buttons for 'Payroll Office Address' and 'Other Delaware Location'.

## Legal Status

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

The screenshot shows the 'Legal Status' selection screen. The 'Applicable?' radio button is selected 'yes'. The options are: Sole Proprietorship, Partnership, Corporation, Joint Venture, Limited Liability Company (LLC), Executor or Trustee, and Title 19 - Independent Contractor.

### ***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.

The screenshot shows the 'Legal Status' selection screen. The 'Other' radio button is selected, and the 'Explain' field is visible. The options are: Sole Proprietorship, Partnership, Corporation, Joint Venture, Limited Liability Company (LLC), Executor or Trustee, and Title 19 - Independent Contractor.

## 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...   v	<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,  | v

- 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

### 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,

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,

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,

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.

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

### 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 Modification (Code 9898)	Standard Premium	%
	\$ 0	
Merit Rating Adjustment	Not Applicable	
Workplace Safety Credit (Code 9880)		%
Construction Premium Credit (Code 9046)		%
Surcharge (DIP) (Code 0277)		%
Deductible Credit (Code 9663)		%
Less Premium Discount (Code 0063)	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.'

		Standard Premium		\$	0
Merit Rating Adjustment	Not Applicable		%	\$	
Workplace Safety Credit (C	Not Applicable		%	\$	0
Construction Premium Crea	9884 - No Adjustment		%	\$	0
Surcharge (DIP) (Code 027	9885 - 5% Credit		%	\$	0
Deductible Credit (Code 96	9886 - 5% Debit		%	\$	0

### Deposit Premium

The deposit premium percentage will display based on the amount calculated. The grid in DIPM shows which options are available 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. 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.

**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.

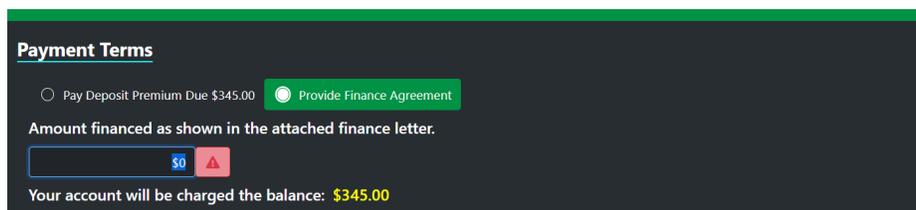
If a portion of the deposit premium is financed, a few items will need to be completed.

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

**\*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.



**Payment Terms**

Pay Deposit Premium Due \$345.00  Provide Finance Agreement

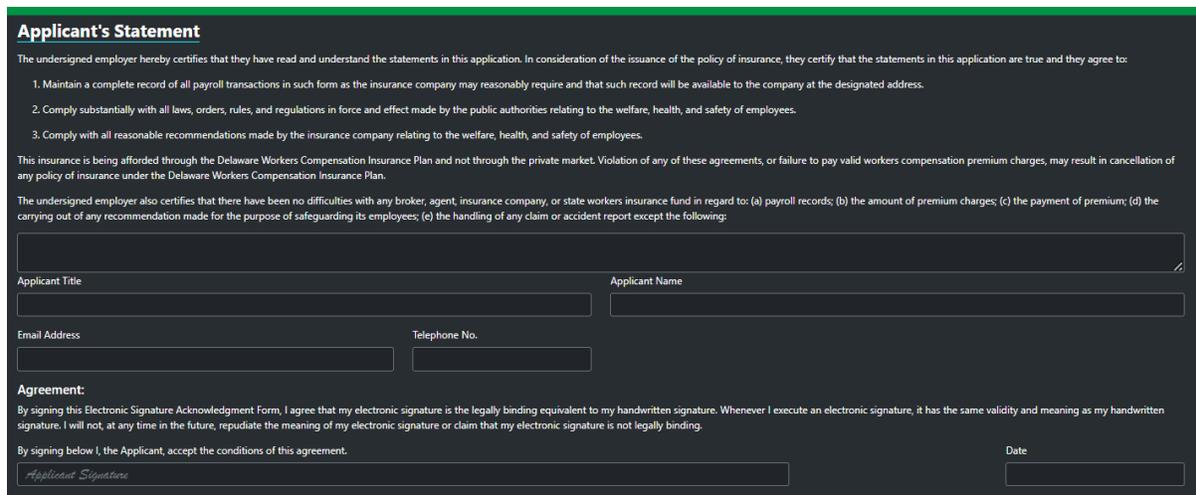
Amount financed as shown in the attached finance letter.



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

## Applicant Statement

Employers and agents must complete this section. The applicant’s title, name, 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.

*Applicant Signature*  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. – VIEWING, 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

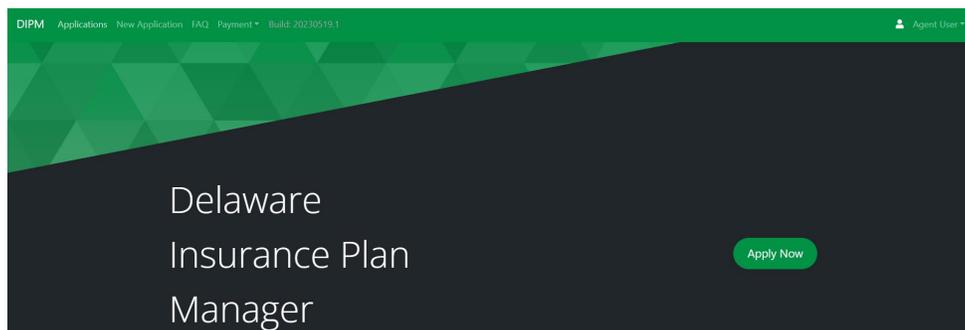
City  State  Zip Code

**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.

Field	Error Message
Applicant Signature	Applicant's signature cannot be blank.
Applicant Title	Applicant Title cannot be blank.
Class Codes	At least one classification is required.
Employer Name	Employer Name cannot be null.
FEIN	Missing Required FEIN.
Legal Status	Legal Status must be selected.
Mailing Address	Mailing Address cannot be blank.
Name Change	Must answer all questions.
Nature of Business	Nature of Business cannot be null.
Nature of Business Description	Nature of Business explanation cannot be blank.

\*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.

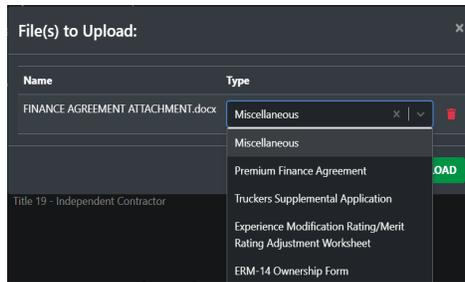
## SECTION VI. SUPPLEMENTAL ATTACHMENTS, FORMS, & PRINTING

### 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.



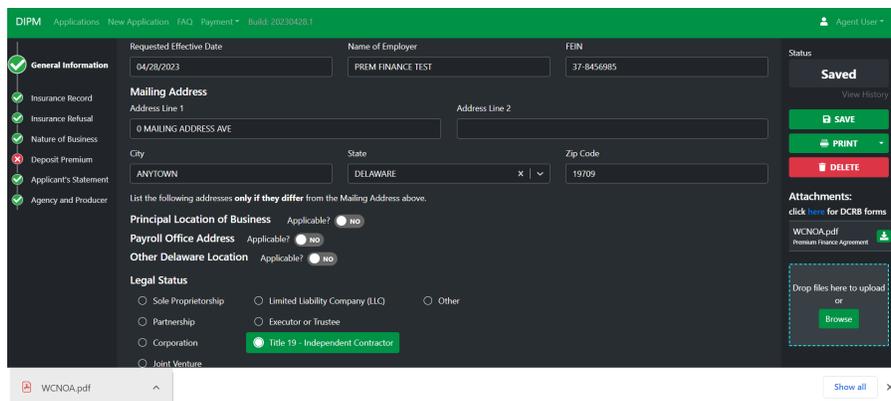
### The attachment selection types are as follows:

- 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.

DIPM Applications New Application FAQ Payment Build: 20230428.1 Agent User

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

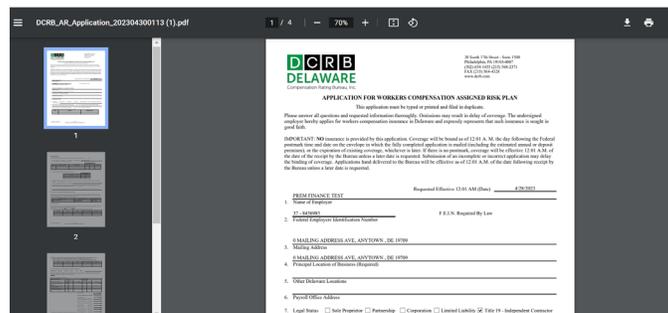
Payroll Office Address: Applicable? NO

Other Delaware Location: Applicable? NO

Legal Status:  Title 19 - Independent Contractor

Attachments: WENOA.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.

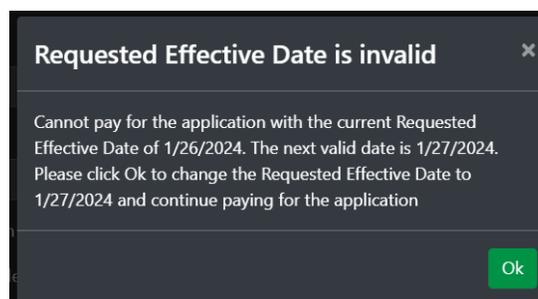
## SECTION VII. – DEPOSIT PREMIUM PAYMENT

### Non-Financed Deposit Premium

#### Making a Payment

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

In order to make the payment, go back into the application and select the Pay Now button. Please note that effective date will be no sooner than the day after payment is initiated. You may receive a pop-up message letting you know that the effective date must be changed before you can submit the payment.



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

**Authorize Payment**

**Deposit Premium**

Estimated Annual Premium  
**\$4,379.00**

Interim Adjustment Basis  
**Annual - 100%**

Deposit Premium Due (account will be charged)  
**\$4,379.00**

Requested Effective Date  
**1/27/2024**

Name of Employer  
**LH TEST**

Pay with Credit Card

Pay with ACH

Close

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](mailto: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](#).

**TEST MODE**

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.

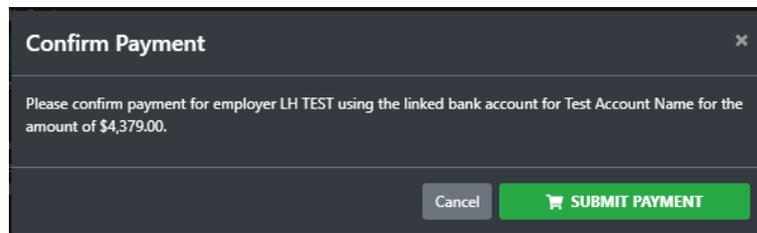
If you have questions regarding your payment, please contact the DCRB via email at [DIPM@dcrb.com](mailto:DIPM@dcrb.com). All payment processing is performed through our third-party vendor, Stripe. For more information regarding ACH transactions and the processing of these transactions, please visit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

**Select Account**

STRIPE TEST BANK Acct. Holder Test Account Name Routing # 110000000 Account # ...6789

Close **CONFIRM PAYMENT**

Confirm that you have selected the correct account and select the Submit Payment button.



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.

If the payment is successful, the application will move to “Paid” status and you 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 you 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.

## 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](mailto:dipm@dcrb.com).

<b>DIPM Status</b>	<b>Description</b>
Saved	An application is saved in the system.
Submitted	An application has been submitted for review and processing by the DCRB.
Returned	An application is incorrect and requires user attention and resubmission.
Rejected	An application has an error and must be reentered.
Approved	An application has been approved for application completeness and is awaiting final review from DCRB staff.
Assigned	An application has been finalized and has been assigned to a residual market insurance carrier and is awaiting deposit premium payment.
Payment Pending	Payment for deposit premium is still processing.
Paid	Payment is complete and the application and payment will be sent to a residual market insurance carrier.
Payment Failed	An application has failed payment processing and a new payment must be initiated.

### Application History

The history of an individual application can be viewed at any time by simply opening an application and clicking the View History link found under the status button. 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. You can expand each row to see additional details.

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

## Saved

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

## 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 analysts.

### Save Application ✕

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

Save
Cancel

## 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 who completed the application.

### Delaware Insurance Plan Application Successfully Submitted - TEST STATUS EMAILS

 NoReplyUAT@DCRB.COM  
 To: Hughes, Lauren  
 Cc: DIPM

↩ Reply
↩ Reply All
➔ Forward
📧
⋮

Fri 1/26/2024 11:03 AM

This email is to inform you that your Delaware Insurance Plan application for TEST STATUS EMAILS has been successfully submitted. Your application will be reviewed and assigned a file number by the DCRB Plan Administrator.

**Coverage:**

Coverage may be bound under the Delaware Workers Compensation Insurance Plan consistent with Plan rules, 12:01 AM on the first day after receipt of the completed application and payment of the deposit premium unless a later date has been requested. Once your application has been reviewed and processed, you will receive an email requesting electronic payment completion. Once payment has been initiated, effective date will be set to no sooner than 12:01 AM on the following day. If payment fails for any reason, the effective date will be reset to the day following successful initiation of payment.

Backdating of coverage is not permitted in the Plan.

**Payment of Deposit Premium:**

Payment of the deposit premium is completed on the DIPM website through Stripe, our third-party payment processor. You may pay by credit card or ACH transaction. In order to submit payment by ACH, you must have a bank account linked to your DIPM registered account(s) and you must complete the account verification process. For further information regarding the payment process, please see Section VII - Deposit Premium Payment in the Delaware Insurance Plan (DIPM) User Guide.

Note: It may take 1-3 business days to complete payment processing.

If there are any questions or concerns with your application submission, the DCRB Plan Administrator will contact you via email. You may click [here](#) to view the status of your application.

For more information on the application submission process or the Delaware Insurance Plan process in general, please refer to the [DIPM FAQ](#) or contact us at [dipm@dcrb.com](mailto:dipm@dcrb.com).

Thank you.

DCRB Plan Administrator  
 Policy Reporting - Assigned Risk

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.

## 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.

Delaware Insurance Plan Application Returned - TEST STATUS EMAILS



NoReplyUAT@DCRB.COM

To: Hughes, Lauren

Cc: DIPM



Fri 1/26/2024 11:16 AM

This email is to inform you that your Delaware Insurance Plan application for TEST STATUS EMAILS has been returned for the following reason(s): We were unable to confirm the declarations of insurance on the voluntary market with the information provided. Please update the information or attach documentation showing the declarations 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.

Please click [here](#) to edit your application and resubmit it once the issues have been resolved.

For more information on the application submission process or the Delaware Insurance Plan process in general, please refer to the [DIPM FAQ](#) or contact us at [dipm@dcrb.com](mailto:dipm@dcrb.com).

Thank you.

DCRB Plan Administrator  
Policy Reporting - Assigned Risk

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

## Rejected

If your application has been rejected, you will be notified of the error by a DCRB analyst. You must reenter the application in its entirety once it has been rejected.

## Approved

An application in approved status refers to an application that has been approved for application completeness and is awaiting final review from DCRB staff.

## 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. 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.

## Delaware Insurance Plan Application Approval - TEST STATUS EMAILS



NoReplyUAT@DCRB.COM  
To: Hughes, Lauren  
Cc: DIPM

Reply Reply All Forward Fri 1/26/2024 11:19 A

This email is to inform you that your Delaware Insurance Plan application for TEST STATUS EMAILS has been approved.

To finalize the assignment, please log into [DIPM](#) to complete payment for your deposit premium.

### Coverage:

Coverage may be bound under the Delaware Workers Compensation Insurance Plan consistent with Plan rules, 12:01 AM on the first day after receipt of the completed application and payment of the deposit premium unless a later date has been requested. Once payment has been initiated, effective date will be set to no sooner than 12:01 AM on the following day. If payment fails for any reason, the effective date will be reset to the day following successful initiation of payment.

Backdating of coverage is not permitted in the Plan.

### Payment of Deposit Premium:

Payment of the deposit premium is completed on the DIPM website through Stripe, our third-party payment processor. You may pay by credit card or ACH transaction. In order to submit payment by ACH, you must have a bank account linked to your DIPM registered account(s) and you must complete the account verification process. For further information regarding the payment process, please see Section VII. – [Deposit Premium Payment in the Delaware Insurance Plan \(DIPM\) User Guide](#).

Note: It may take 1-5 business days to complete payment processing.

For more information on how to pay your deposit premium or the Delaware Insurance Plan process in general, please refer to the [DIPM FAQ](#) or contact us at [dipm@dcrb.com](mailto:dipm@dcrb.com).

Thank you.

DCRB Plan Administrator  
Policy Reporting - Assigned Risk

## Payment Pending

Applications in payment pending status are awaiting transaction completion. This process generally takes 1-5 business 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](http://www.stripe.com).

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

## Delaware Insurance Plan Application Payment Successful - TEST STATUS EMAILS



NoReplyUAT@DCRB.COM  
To: Hughes, Lauren  
Cc: DIPM

Reply Reply All Forward Fri 1/26/2024 11:22 AM

Binder Document for TEST STATUS EMAILS.pdf  
95 KB

This email is to inform you that your Delaware Insurance Plan application payment for TEST STATUS EMAILS was successful. Click [here](#) to view your receipt.

Your application has been assigned to 11916 - Pennsylvania Manufacturers Assn Ins Co, effective 1/27/2024. Please review the attached binder letter for details of the assignment.

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/>.

For more information on carrier assignment, effective date determination, or the Delaware Insurance Plan process in general, please refer to the [DIPM FAQ](#) or contact us at [dipm@dcrb.com](mailto:dipm@dcrb.com).

Thank you.

DCRB Plan Administrator  
Policy Reporting - Assigned Risk

## Failed Payment

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

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](mailto:dipm@dcrb.com).

Delaware Insurance Plan Application Payment Rejected - TEST STATUS EMAILS

NoReplyUAT@DCRB.COM  
To: Hughes, Lauren  
Cc: DIPM

Reply Reply All Forward Fri 1/26/2024 11:21 AM

This email is to inform you that your Delaware Insurance Plan application payment for TEST STATUS EMAILS has been rejected for the following error(s): The customer's account has insufficient funds to cover this payment.

Please click here to process your payment again. If you need to edit existing payment information, please click here. You will receive a confirmation email once your payment has been successfully processed. Note that it may take 3-5 business days to complete payment processing.

Coverage:

Coverage may be bound under the Delaware Workers Compensation Insurance Plan consistent with Plan rules, 12:01 AM on the first day after receipt of the completed application and payment of the deposit premium unless a later date has been requested. Once payment has been initiated, effective date will be set to no sooner than 12:01 AM on the following day. If payment fails for any reason, the effective date will be reset to the day following successful initiation of payment.

Backdating of coverage is not permitted in the Plan.

For more information on the payment process or the Delaware Insurance Plan process in general, please refer to the DIPM FAQ or contact us at dipm@dcrb.com.

Thank you.

DCRB Plan Administrator  
Policy Reporting - Assigned Risk

## 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.

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

