Workers' Compensation Division
Department of Consumer and Business Services

Endorsement to Include Legal Entity in Self-Insured Certification

Read all instructions before completing this application. Answer all questions.

Return this form to: Oregon Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
P.O. Box 14480
Salem, OR 97309-0405

Certified self-insured employer: _____

Insurer no.: _____ Federal employer identification number: _____

Desired self-insurance effective date:

Legal entity applicant name and mailing address:

The above applicant applies for certification as a self-insured employer in the state of Oregon, as provided in Oregon workers' compensation law. An applicant may not operate as a self-insured employer until the division issues a *Certificate of Consent to Self Insure Legal Entity.*

1. List the company representative for self-insurance:

   Name: _____ Title: _____

   Company name: _____

   Street address: _____

   City, state, ZIP: _____

   Telephone: _____ Fax: _____ Email: _____

2. Corporate status (legal entity):

   ☐ Individual ☐ Partnership
   ☐ Corporation ☐ LLC

   Federal employer identification number: _____

3. Nature of business (legal entity):

   a. Primary NCCI classification codes with greatest payroll in Oregon: _____

   b. Total number of employees in Oregon: _____

   c. Total number of locations in Oregon: _____

   d. Total annual payroll for the last fiscal year for Oregon employees: _____

4. Incorporated or organized under the laws of the state of: _____ on _____

5. Date of start of business in Oregon: _____

6. Exact legal name of ultimate parent: _____

7. Federal employer identification number of ultimate parent: _____

8. Name of current workers' compensation insurance carrier (if applicable):

   Name: _____ Policy no.: _____

   Effective dates: _____ to _____

9. Provide the following claims information for your proposed self-insured operations in Oregon:

   a. A complete loss run for the past year to include the applicant's most recently promulgated experience rating modification (ERM) worksheet and supporting documentation.

   b. Most recent ERM: _____

LIST OF ATTACHMENTS

YOU MUST SUBMIT ALL OF THE FOLLOWING ITEMS BEFORE WE COMPLETE A REVIEW OF THE APPLICATION.

A. Evidence of the applicant's current experience rating modification factor.

B. An organizational chart showing the hierarchical position of all corporate entities, including the ultimate parent. Note the percentage of ownership and clearly indicate which entity with operations in Oregon is seeking coverage under the certificate of self-insurance.

C. (1) The ultimate parent company's audited financial statements for the most recent year.

   (2) If certified audited financial statements are not prepared, provide a draft financial statement for the most recent year.

D. A detailed Oregon loss run for the past year. *See question 9.*

E. The total payroll for the past fiscal year for all Oregon employees. *See question 3d.*

SUBMITTING AN INCOMPLETE APPLICATION MAY DELAY THE REVIEW PROCESS.

APPLICATION FOR SELF-INSURANCE
FOR LEGAL ENTITY

AGREEMENTS

The applicant agrees with the following conditions to be certified as a self-insured employer under Oregon workers' compensation law:

1. To promptly pay benefits due to injured employees or their dependents in accordance with Oregon workers' compensation law.

2. To promptly report compensable injuries, diseases, and deaths to the Workers' Compensation Division as required by law.

3. To promptly notify the Workers' Compensation Division regarding liquidation, sale, or transfer of ownership of the **(insert name of applicant employer, self-insuring group employer, entity, business)**. OAR 436-050-0195(1) requires notification within 30 days of taking any such actions, to enable the Workers' Compensation Division to ensure that arrangements and obligations satisfactory to the division have been made to pay all existing liabilities and any liabilities arising thereafter that are required in connection with the security deposit, loss reserve fund, common claims fund, or otherwise required by the division. Advance notice of such changes, where possible, will facilitate more rapid resolution of those arrangements and obligations.

4. To promptly furnish all reports to the Workers' Compensation Division that it may lawfully require under Oregon workers' compensation law.

5. To be joint and severally liable for the payment of any compensation and monies due to the State of Oregon, Department of Consumer and Business Services under Oregon workers' compensation law, by the self-insured employer or any other entities included in the self-insured employer's certification.

This application should be signed and sworn to by the appropriate person or persons as stated below:

- If the applicant is an individual, the owner must sign.
- If the applicant is a partnership, all of the partners must sign.
- If the applicant is a corporation, its president or vice president and its secretary or assistant secretary must sign.

AFFIDAVIT

State of _____

County of _____

Each person listed below, first being sworn on oath, deposes and states that they are acquainted with the affairs of this applicant employer, including the representations and statements set forth in this application; that they have read said application and all documents submitted, knows their contents, and verifies that the representations and statements are true in substance and in fact.

_____
Applicant's legal name

_____
Signature of affiant and date

_____
Name and title of affiant

_____
Signature of affiant and date

_____
Name and title of affiant

_____
Signature of officer of self-insured employer and date

_____
Name and title of officer of self-insured employer

Subscribed and sworn to before me

on _____

_____
Notary Public