Workers' Compensation Division
Department of Consumer and Business Services

Group Self-Insured Indemnity Agreement

This agreement is pre-requisite to becoming a member of:

_____ ,
a self-insured employer group, and is to affirm the joint and several obligations of the undersigned.

Effective _____ , the undersigned employer or employers unconditionally agree to
date
be jointly and severally liable for the payment of any compensation due a subject worker and other amounts due a subject worker and other amounts due to the Department of Consumer and Business Services (DCBS) under Oregon Revised Statute (ORS) chapter 656 incurred by a member of the group. Further, the undersigned employer or employers understand and agree that should any member terminate its membership in the group, that member will continue to be jointly and severally liable for the payment of any compensation due a subject worker and other amounts due the DCBS when such compensation and other amounts arise out of a period when the member was a member of the group.

_____ _____
Signature *Date*

_____
Print name and title

_____
Legal name of group member

_____ _____
Signature *Date*

_____
Print name and title

_____
Legal name of group member

_____ _____
Signature *Date*

_____
Print name and title of trust administrator