

Endorsement to Self-Insured Employer Group Application

Note: Complete this form for each employer applying to become a member of a self-insured employer group.

1. Name of self-insured employer group: _____
2. Name of member: _____
Address of member: _____
3. Type of entity (e.g., proprietorship, partnership, corporation): _____
(A) If a corporation, state of incorporation: _____
(B) Registered in Oregon: ☐ Yes ☐ No FEIN: _____
4. Addresses of Oregon locations under entity's name, to include nature of business by location (attach additional sheets, if necessary):

5. Assumed business names and addresses used in Oregon, to include nature of business by location (attach additional sheets, if necessary):

6. Present experience-rating modification: _____
7. Total number of employees in Oregon: _____
8. Estimated annual payroll by class code: _____
9. Name of current workers' compensation carrier: _____
10. WCD employer number: _____

Attach the following documents to this report:

- ☐ Current financial statement of the employer applying.
- ☐ Form 1866 or other form authorized by the director under Oregon Administrative Rule (OAR) 436-050-0270 and 0290; or, if a governmental subdivision, under OAR 436-050-0280 and 0290, a resolution by the governing body of the member binding it to be liable for the payment of any compensation and other amounts due to the director incurred by the member during the period of group self-insurance.
- ☐ Statement showing the effect on the net worth of the group.
- ☐ Payroll by class and description and loss information for the past four fiscal or calendar years.
- ☐ Evidence of at least \$150,000 individual net worth, if private employer member under OAR 436-050-0260(3)(b) and OAR 436-050-0270 (1)(e).

Send completed Endorsement and all application materials to:

Workers' Compensation Division, Self-Insurance Team, 350 Winter St. NE, P.O. Box 14480,
Salem, OR 97309-0405, or fax to 503-947-7725