

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
OREGON ADMINISTRATIVE RULES (OAR)
EMPLOYER/INSURER COVERAGE RESPONSIBILITY**

EFFECTIVE APRIL 1, 2003

OAR 436-050-0060 Guaranty Contract Filing Requirements; Evidence of Authority

(1) Every guaranty contract issued by an insurer pursuant to ORS 656.419 shall:

(a) [Be signed, in writing, and c] **Contain information pursuant to, [ORS 656.419(2); and be filed in accordance with, ORS 656.419 and this rule.**

(b) Be in writing and shall include the employer FEIN or other federal tax reporting number; legal name of the employer; type of ownership; primary nature of business; employer telephone number; employer mailing address; employer principal place of business address; specific insurer providing coverage; policy number; effective date of coverage; insurer representative signature; and statement of assumption of liability pursuant to ORS 656.419(1).

([b]c) Be submitted in a form and format prescribed by the Director; and

([c]d) Be completed in its entirety prior to submission to the director.

(2) A Standard Industrial Classification Code (SIC) or North American Industry Classification System (NAIC) code will satisfy the required description of the [occupation] **nature of the business** in which the employer is engaged or proposes to engage.

(3) Incomplete, illegible, or incorrect guaranty contracts received by the director may not be considered filed.

Stat. Auth: ORS 656.704 and 656.726(4)

Stats. Implemented: ORS 656.419, 656.427

Hist: Filed 12/19/75 as WCB Admin. Order 18-1975, eff. 1/1/76

Amended 4/2/80 as WCD Admin. Order 3-1980, eff. 4/2/80

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Amended 12/12/85 as WCD Admin. Order 9-1985 eff. 1/1/86

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