



400 High St. SE, Salem, OR 97312
1.800.285.8525

Personal coverage application for nonsubject corporate officers

Each nonsubject corporate officer (officer) listed below requests coverage as a subject worker and entitlement to benefits provided by the Oregon Workers' Compensation Law.

Therefore, the corporation agrees to pay premiums to SAIF based on actual officer payroll within the minimum and maximum limits established by the National Council on Compensation Insurance at the premium rate for the type of work performed by each officer. The corporation and its officers understand this reported payroll is the basis for benefits paid on any compensable injury.

Payroll for these officers must be reported and premiums paid until a cancellation request signed by a corporate officer is received by SAIF.

NOTE: This application applies only to corporate officers who are directors and have substantial ownership interest in the corporation. To have "substantial ownership interest," officers must meet at least one of these two criteria: (1) have at least 10 percent of the ownership; or (2) have an ownership percentage equal to or greater than the average ownership of all stockholders. Corporations in the landscaping, construction, or timber harvesting industries should use the Designation of Construction/Timber/Landscaping Corporate Officer Exemption form 3267.

| First name | Middle name | Last name | Title | Director? Yes/No | Weekly payroll |
|-------------------------|-------------|-----------|-------|---------------------|-------------------|
| 1. | | | | | |
| Describe work performed | | | | | |
| | | | | | |
| 2. | | | | | |
| Describe work performed | | | | | |
| | | | | | |
| 3. | | | | | |
| Describe work performed | | | | | |
| | | | | | |
| 4. | | | | | |
| Describe work performed | | | | | |
| | | | | | |

Personal coverage is not in effect until a written application has been received and accepted by SAIF. This coverage is optional and could be expensive. Please feel free to contact your agent or SAIF representative for an estimate of cost before submitting your application.

Policy No: _____ Name of business: _____

Signature of corporate officer: _____

Title: _____ Date: _____