



saifQuote

1. Does the applicant have management experience in the same or similar industry? If yes, how many years?
2. Does the applicant have ownership in any other business? If yes, provide the other business name(s).
3. Does the applicant have ownership in entities with operations outside of Oregon?
4. Is the applicant a member of an Association that partners with SAIF? If yes, which one?
5. Does the applicant want to participate in the non-disabling claim reimbursement program?
6. Is the applicant registered with the Landscape Contractors Board? If yes, provide the LCB license number.
7. Is the applicant registered with the Construction Contractors Board? If yes, provide the CCB license number.
8. Do you want to refer this to an Underwriter? If yes, provide reason.
9. Is the applicant a temporary agency?
10. Does the applicant need a Waiver of Subrogation?
11. Does the applicant have any Preferred Workers?