

**Personal coverage application for
sole proprietors, nonsubject partners or nonsubject
limited liability company (LLC) members**

The sole proprietor, partner(s) or LLC member(s) listed below requests coverage as a subject worker and entitlement to benefits provided by the Oregon Workers' Compensation Law.

Therefore, the sole proprietor, partner(s) or LLC member(s) agrees to pay premium to SAIF based on the assumed wage established by the National Council on Compensation Insurance at the premium rate for the type of work performed by the sole proprietor, partner(s) or LLC member(s). The sole proprietor, partner(s) or LLC member(s) understands this reported wage is the payroll basis for benefits paid on any compensable injury.

Payroll for the sole proprietor, partner(s) or LLC member(s) must be reported and premiums paid until a cancellation request signed by the sole proprietor, a partner or an LLC member is received by SAIF.

NOTE: Partners and LLC members in the landscaping or construction industries should use the Designation of Partner or LLC Member Exemption in the Construction or Landscaping Industries form 3327.

First name	Middle name	Last name	Title (Owner, partner or LLC member)
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 owner: _____ Date: _____