



Our helpful SAIF representatives are eager to talk to you about how you can obtain workers' compensation insurance coverage through us. Call us today at 800.285.8525 to learn more.

Learn more about SAIF coverage. It's easy to get coverage with us—all the information you need is in our "Obtaining coverage" section.

### Getting started—the ACORD form

No insurance activity would be complete without at least one form. Luckily for you, by filling out an ACORD form your application for coverage with SAIF is easy and fast.

Download the ACORD form. When you are done filling it out, make a copy for yourself and send the form to us by mail or fax:

SAIF Corporation  
400 High St SE  
Salem, OR 97312  
F: 503.373.8769

### Partnerships and teams

Superior service is a team effort; to help us provide the best service possible to employers, SAIF partners with other entities. We work with insurance agencies from all over Oregon, and through our association partners we can provide access to the largest group program in the state. We also have a team of direct sales representatives to handle larger accounts.



Employer Guide  
SAIF sales staff

One of the keys to giving you superior service is our dependable, experienced direct sales staff.

SAIF sales representatives in our regional offices work side by side with our customers in their communities to provide the best service possible.

To contact a SAIF sales representative just call our Service Center at 888.598.5880 or 971.242.5001 or send an email to: [servicecenter@saif.com](mailto:servicecenter@saif.com).



Our group program is the largest in the state. If you're looking for more ways to save on your workers' compensation insurance, ask us for information about group coverage.

Contact your agent or a SAIF representative before your next policy renewal date. They can help you determine your company's eligibility and, if you qualify, enroll you in a group plan.

### Group list

Check this list to view more information about the associations SAIF works with. It might be worth your while: if you meet certain criteria you may qualify for a premium reduction.

- Agri-Business Council of Oregon - ABCO
- Associated General Contractors - AGC
- Associated Oregon Industries (CompSAFE) - AOI
- Associated Oregon Industries CompSAFE Manufacturers - AOIM
- Associated Oregon Industries CompSAFE Retail/Wholesale - AOIR
- Associated Oregon Industries CompSAFE Services - AOIS
- Associated Oregon Industries CompSAFE Transportation - AOIT
- Associated Oregon Loggers, Inc. - AOL
- Eugene Area Chamber of Commerce - OEC/EACC
- Gossard & Associates, Inc.
- Home Builders Association - HBA
- Home Builders Association of Marion-Polk Counties
- Independent Electrical Contractors Of Oregon - OEC/IECO
- National Electrical Contractors Association - OEC/NECA: Oregon Columbia Chapter
- National Electrical Contractors Association - OEC/NECA: Oregon Pacific Cascade Chapter
- Northwest Auto Trades Association - NATA
- Northwest Tire Dealers Association - OEC/NWTDA
- Oregon Association of Nurseries - OAN
- Oregon Concrete and Aggregate Products Association - OEC/OCAPA
- Oregon Medical Group Management Association - OMGMA
- Oregon Petroleum Association
- Oregon Public Employers Group

- Oregon Wheat Growers League - OWGL
- Software Association of Oregon - OEC/SAO



Of course forms are involved—it's an insurance transaction after all. If your agent or a SAIF representative asks you to submit one during the application process (in addition to the standard ACORD form), you'll find everything you need right here.

| Form Name   | Ref. No. |
|---|----------|
| ACORD™ workers' compensation application form<br>Use this form to apply for SAIF coverage. Please contact us for assistance.  | ACORD    |
| Cancellation of Election for Coverage as a Worker<br>To cancel personal election coverage for an owner, this form is to be completed by an authorized representative of the business.   | X-3000   |
| Personal Coverage Application for Nonsubject Corporate Officers<br>To elect coverage for a nonsubject corporate office, this form is to be completed by an authorized corporate representative.   | X-1460   |
| Personal Coverage Application for Sole Proprietors, Nonsubject Partners or Nonsubject Limited Liability Company (LLC) Members<br>To elect coverage for a sole proprietor, nonsubject partner, or nonsubject LLC member this form is to be completed by the owner, a partner or an LLC member in the business. | X-1461b  |
| Designation of Corporate Officer Exemption form - Construction, Timber Harvest or Landscape Industries<br>To exempt a corporate officer from coverage, this form is to be completed by an authorized corporate representative.  | X-3267   |
| Designation of Partner or LLC Member Exemption form - Construction or Landscape Industries<br>To exempt a partner or LLC member from coverage, this form is to be completed by a partner or LLC member.   | X-3327b  |
| Nondisabling Claims Reimbursement form<br>This form is available to each new and renewing   |          |

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| <p>policyholder on an annual basis as an offer to participate in the claims reimbursement program. If you choose to participate, return a signed form to SAIF.</p>   | F-3135 |
| <p><b>Policyholder's Cancellation of Workers' Compensation Insurance</b><br/> To cancel your workers' compensation insurance policy, this form is to be completed by an authorized representative of the business.</p> | X-773  |
| <p><b>Premium Credit Application</b><br/> This application is for Policyholders or Agents to complete.</p>   | X-948  |