Obtaining coverage

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 888.598.5880 to learn more.

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 sendthe formto 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.

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.

And, because small businesses are a big part of Oregon's economy, SAIF also has an innovative, one-stop Service Center designed especially for new and existing small businesses.

For our purposes, small business is defined as policyholders with $20,000 or less in premium. Our small business specialists provide quality service to customers (approximately 38,000 policies) at a low cost, and make it easy to do business with SAIF.

To contact a SAIF sales representative, just call our Service Center at 888.598.5880 or971.242.5001 or send an email to: servicecenter@saif.com.

Group programs

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 forinformation 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 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
- Technology Association of Oregon - OEC/TAO

Policy application forms

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	Reference number
ACORD™ workers' compensation application form Use this form to apply for SAIF coverage. Please contact us for assistance.	ACORD
Cancellation of election for coverage as a worker 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 To elect coverage for a nonsubject corporate officer, 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 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 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 To exempt a partner or LLC member from coverage, this form is to be completed by a partner or LLC member.	X-3327b
ERM-14 form| Confidential request for ownership	

information Use this NCCI form to notify SAIF of ownership and/or entity changes in your business.	ERM-14
Nondisabling Claims Reimbursement form This form is available to each new and renewing 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.	F-3135
Policyholder's Cancellation of Workers' Compensation Insurance To cancel your workers' compensation insurance policy, this form is to be completed by an authorized representative of the business.	X-773
Premium credit application This application is for policyholders or agents to complete.	X-948