



Department of Consumer & Business Services

Insurance Division – 4

P.O. Box 14480, Salem, OR 97309-0405

Phone: (503) 947-7982, Fax: (503) 378-4351

350 Winter St. NE, Room 440, Salem, Oregon

www.oregoninsurance.org

**Health Care Service
Contractor Bond**

These parties, _____, as principal,

and _____, as surety,

an insurer authorized to transact surety insurance in the state of Oregon, by this bond, bind ourselves, our successors, and our assigns jointly and severally to the State of Oregon in the sum of:

- Check one: \$250,000 for health-care-service contractor under ORS 750.045(2).
 \$50,000 for dental service or optometrical service under ORS 750.045(3)(b).

Dated this _____ day of _____, 20_____.

Conditions of the foregoing obligations:

Said principal holds or has applied for a certificate of authority to transact the business of _____

_____ in the state of Oregon, and the Oregon Insurance Code requires the principal to furnish either securities or a bond to the State of Oregon to guarantee that the principal will faithfully execute its policies in accordance with specified Insurance Code provisions.

If the said principal faithfully executes its policies, then this obligation shall be void; otherwise it remains in full force and effect until 60 days from receipt of cancellation from the surety by the director of the Department of Consumer and Business Services.

The principal has caused this bond to be executed in its name by its president and attested to by its secretary and its corporate seal. The surety has caused this bond to be executed in its name by its authorized attorney-in-fact.

Principal: _____

President

(Corporate seal)

Secretary

Surety: _____

Attorney-in-fact