



**Department of Consumer & Business Services**

**Insurance Division — 4**

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350 Winter St. NE, Salem, Oregon  
insurance.oregon.gov

**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 \_\_\_\_\_, \_\_\_\_\_.

**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: \_\_\_\_\_ By: \_\_\_\_\_  
Signature of president

(Corporate seal)

By: \_\_\_\_\_  
Signature of secretary

Surety: \_\_\_\_\_ By: \_\_\_\_\_  
Signature of attorney-in-fact

**Power of attorney granting authority to an attorney-in-fact to execute  
this bond on behalf of the surety must be attached to this bond form.**