

1 **836-043-0046**

2 **Rates and Forms, Policy Term, Additional Coverages and Other Provisions**

3 (1) An insurer issuing a policy to an employer to which the Plan applies shall write the
4 policy according to the classifications, forms including but not limited to policy endorsements,
5 change of ownership forms, supplemental leasing forms, and rates and rating plans including
6 retrospective rating plans authorized for use in the assigned risk market by the Plan
7 Administrator and approved by the Insurance Commissioner as required in ORS 737.265 (2).

8 (2) The policy information page and all endorsements must be properly identified as a
9 Plan or AR (Assigned Risk) policy, and policy information submitted on hard copy must show
10 the Plan or AR indicator with the policy number on the Information Page. The Policy
11 Information Page and all endorsements must be submitted to the Plan Administrator or its
12 designee within the time frame and in the format established by the Plan Administrator.

13 (3) The servicing carrier shall issue a policy and [*related guaranty contract or*] proof of
14 coverage as required by ORS 656.419, for a term of at least one year, unless insurance for a
15 shorter term has been requested. A short-term policy may be obtained only once within a 12-
16 month period unless otherwise agreed by the servicing carrier.

17 (4) The servicing carrier may make additional coverages described in the Supplement to
18 the Plan available to an employer.

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20 Stat. Auth.: ORS 656.427, 656.730 & 731.244

21 Stats. Implemented: ORS 656.427, 656.730 & 737.265

22 Hist.: ID 10-1996, f. 6-27-96, cert. ef. 7-1-96; ID 18-2008, f. 12-9-08, cert. ef. 1-1-09

23
24 **836-043-0056**

25 **Insurer [*Termination of Guaranty Contracts or Surety Bonds*] Cancellation and Nonrenewal**
26 **of Workers' Compensation Insurance Policies or Surety Bonds**

27 The following provisions of this rule govern when an insurer [*terminates a guaranty*
28 *contract or surety bond*]**cancel or fails to renew a workers' compensation insurance policy**
29 **or surety bond**:

30 (1) An insurer [*terminating*] **canceling** coverage under ORS 656.427 for an employer
31 who has an undisputed premium obligation not more than 30 days past due shall take the
32 following actions:

33 (a) At the time the insurer gives notice of the [*termination*] **cancellation**, the insurer shall
34 notify the employer of the right to placement in the Plan **if eligible under OAR 836-043-0043**;

35 (b) Provide the employer, not later than the tenth day after the employer's contact for Plan
36 coverage, an accurately filled-in "Request for Coverage" form, using the form prescribed in
37 [*Exhibit*] **Exhibits 1 and 2** to OAR 836-043-0024; and

38 (c) The insurer shall date stamp the request for coverage identifying the insurer's name
39 and forward the form to the Plan administrator with payment, not later than the fifth day after
40 receiving the signed request form from the employer.

41 (2) An employer or its agent desiring Plan coverage, whose coverage is being
42 [*terminated*] **cancelled or nonrenewed** under ORS 656.427 and who does not have an
43 undisputed premium obligation more than 30 days past due, shall:

44 (a) Give notice to the canceling or nonrenewing insurer, prior to the termination of
45 coverage, that the employer intends to become an insured employer under the Plan; and

1 (b) Verify coverage elections and other information provided in the Request for Coverage
2 form (Exhibit Exhibits 1 and 2 to OAR 836-043-0024), and sign the request form and return
3 the form with the deposit premium check to the canceling or nonrenewing insurer before
4 [*termination*] the end of coverage or not later than the tenth day after the insurer issues the
5 Request for Coverage form, if later.

6 (3) The Plan Administrator shall process the Request for Coverage form received with a
7 deposit premium prior to the coverage [*termination*] ending date in the manner provided for a
8 Plan application, except that the Plan Administrator shall bind coverage under the Plan for
9 Request for Coverage upon the date of receipt of the form (Exhibits 1 and 2 to OAR 836-043-
10 0024) by the canceling or nonrenewing insurer in accordance with this rule or the [*termination*]
11 ending date of previous coverage, if later.

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13 [ED. NOTE: Exhibits referenced are available from the agency.]

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15 Stat. Auth.: ORS 656.427, ORS 656.730 & ORS 731.244

16 Stats. Implemented: ORS 656.427, ORS 656.730 & ORS 737.265

17 Hist.: ID 10-1996, f. 6-27-96, cert. ef. 7-1-96

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