

Oregon Insurance Fund

Participation Agreement



Certificate No. 691000
Effective: July 1, 2011 to June 30, 2013

Participating Entity

Oregon Watershed Councils
Name
775 Summer St NE Ste 360
Address
Salem, OR 97301-1290
City, State & Zip

WHEREAS, ORS 278.405 authorizes the Department of Administrative Services to develop and administer insurance and self-insurance programs; and

WHEREAS, ORS 541.388(4) (Oregon 1999 Laws Chapter 300), authorizes the Department of Administrative Services to provide watershed councils liability coverage at the expense of the Oregon Watershed Enhancement Board. The Department of Administrative Services considers this coverage a form of self-insurance. The Department is not an insurance company.

The above named entity agrees to the coverage, limits, exclusions, endorsements and other terms and conditions of the above numbered certificate which are attached hereto and made a part of this agreement.

State of Oregon by and through its
Department of Administrative Services, State
Services Division, Risk Management and
Authorized Representative

Authorized Representative of
Participating Entity

[Signature]
(Risk Manager)

[Signature]
(Signature)

(Authorized Representative)

Executive Director
(Title)

July 6, 2011
(Date)

7/12/11
(Date)



OREGON INSURANCE FUND
LIABILITY SELF-INSURANCE CERTIFICATE
DECLARATIONS

These declarations complete the below numbered Certificate of Liability Self-Insurance and endorsements thereto:

1. Certificate Number: 691000
2. Covered Entity and Mailing Address:
Oregon Watershed Councils
775 Summer Street, NE, Suite 360
Salem, OR 97301-1290

Certificate Period:
From: 12:01 a.m. July 1, 2011
To: 12:01 a.m. June 30, 2013

3. Limits of Liability:

The limits of liability provided by this certificate are:
COVERAGE

LIMITS OF SELF-INSURANCE

Regardless of the type or circumstances of the claim, coverage is limited to the dollar amount specified in Section I, and to the limits specified in each endorsement.

- A. GENERAL LIABILITY
- B. AUTO LIABILITY

4. Coverage (check if applicable):

- Coverage A General Liability
- Coverage B Auto Liability
- Uninsured Motorists (End. #1)
- Personal Injury Protection (End. #2)
- Other

<u>Auto Code*</u>	<u>Deductible</u>	<u>Premium</u>
1	N/A	*
1	N/A	*
	N/A	*
	N/A	*

* Auto codes described on next page

Total Premium: _____ *

Countersigned at Salem, Oregon on July 1, 2011

by *Andrew Peters*
(Authorized Representative)

Direct all inquiries regarding this Certificate of Self-insurance to: Department of Administrative Services
State Services Division, Risk Management
1225 Ferry Street SE, U150
Salem OR 97301-4287
Phone: (503) 373-7475
Fax: (503) 373-7337