



STATE OF OREGON
CONSTRUCTION CONTRACTORS BOARD

P.O. Box 14140 Salem, OR 97309-5052
Phone (503) 378-4621 | Fax (503) 373-2155
Email: ccb.info@ccb.oregon.gov
www.oregon.gov/ccb



Submitting a Complete Certificate

Most Common Mistakes:

- 1) Insurance Agency Name **and** agency telephone number is required, by [rule](#), to be listed.
- 2) Must list the full Legal Business Entity Name.
 - a. The ***only*** exception is for Limited Partnerships. The name of the insured is the legal entity name **plus** the General Partner's name.
Example: The certificate would read "ACME Construction LP, Wiley Coyote GP". Where "ACME Construction LP" is the legal entity and "Wiley Coyote" is the General Partner
 - b. Sole Proprietor's and Partnerships ***must*** include the full legal name(s) as found on the persons' birth certificates. It's important to include the middle name unless there isn't one on the birth certificate/government issued paperwork.
 - c. Joint Ventures are the same as a partnership, the legal entity name is the same as filed with the Oregon Secretary of State.
Example: "Bob's Construction, LLC & Jane's General Contracting Corp."
- 3) Do not list any ABN's on Bonds or Insurance certificate(s). This is not the legal business entity name.
- 4) The Description of Operations box should ***only*** include the CCB license number.
 - a. Do not list limitations, privileges, work descriptions, references to other documents, etc.
 - b. If the license number is unknown, leave this box blank.
- 5) CCB ***must*** be listed as the certificate holder, not an additional insured.

Do not submit duplicate documents to the CCB.

For an immediate submission to CCB, Agent's may apply to be granted access to an online insurance submission portal (E-Proof). You can find the application on the Board's website here, <https://www.oregon.gov/ccb/licensing/Pages/forms-fees.aspx>.

An acceptable certificate of insurance consists of the following details:

Agency Name and telephone number

Full, legal, entity name as registered w/ SOS

Policy number

CCB license #. NO special privileges, limitations, etc.

CCB listed as certificate holder

Full carrier

Minimum amount of coverage for endorsement

Completed operations and liability for products

Effective and Expiration dates of coverage

Signature is required

SAMPLE CERTIFICATE OF LIABILITY INSURANCE - * = REQUIRED FIELDS				DATE (MM/DD/YY)	
PRODUCER - Name and address of insurance producer Phone number is also helpful			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURANCE AGENT OR BROKER - Name, address and phone number of insurance agent or broker			COMPANIES AFFORDING COVERAGE		
INSURED - Sole Proprietor name OR entity name of insured EXACTLY as it is registered with the Oregon Secretary of State, Corporation Division. Questions? Call 503-378-4621.			*COMPANY A* INSURANCE COMPANY		
			COMPANY B INSURANCE COMPANY, if applicable		
			COMPANY C		
			COMPANY D		
COVERAGES					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	*TYPE OF INSURANCE*	*POLICY NUMBER*	*POLICY EFFECTIVE and EXPIRATION DATES (MM/DD/YY)*	*LIMITS*	
A	GENERAL LIABILITY			GENERAL AGGREGATE	\$ 2,000,000
	COMMERCIAL GENERAL LIABILITY			PRODUCTS-COMP/OP AGG	\$ 2,000,000
	CLAIMS MADE			PERSONAL&ADV INJURY	\$ 1,000,000
	OWNERS & CONTRACTORS PROT			EACH OCCURRENCE	\$ 1,000,000
	Contractual Liability			FIRE DAMAGE (Any one fire)	\$ N/A
				PROD EXP (Any one person)	\$ N/A
	AUTOMOBILE LIABILITY			COMB SINGLE LIMIT	\$ N/A
	ANY AUTOS			BODILY INJURY (Per person)	\$ N/A
	ALL OWNED AUTOS			BODILY INJURY (Per accident)	\$ N/A
	SCHEDULED AUTOS			PROPERTY DAMAGE	\$ N/A
	HIRED AUTOS				
	NON-OWNED AUTOS				
	EXCESS LIABILITY			EACH OCCURRENCE	\$ N/A
	UMBRELLA FORM			AGGREGATE	\$ N/A
	OTHER THAN UMBRELLA FORM				\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			WC SATU-TORY LIMITS	\$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:			EL EACH ACCIDENT	\$ N/A
	INCL EXCL			EL DISEASE - POLICY LIMIT	\$ N/A
				EL DISEASE - EA EMPLOYEE	\$ N/A
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
CCB license number					
CERTIFICATE HOLDER - Exactly as shown below			CANCELLATION		
OREGON CONSTRUCTION CONTRACTORS BOARD PO Box 14140 Salem OR 97309-5052			SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ___ DAYS (EXCEPT 10 DAYS FOR NON-PAYMENT) WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE SIGNATURE REQUIRED (Electronic signature is acceptable)		

Required Limits

Residential General Contractor	\$500,000 per occurrence	Commercial General Contractor - Level 1	\$2 million aggregate
Residential Specialty Contractor	\$300,000 per occurrence	Commercial General Contractor - Level 2	\$1 million aggregate
Residential Limited Contractor	\$100,000 per occurrence	Commercial Specialty Contractor - Level 1	\$1 million aggregate
Residential Developer	\$500,000 per occurrence	Commercial Specialty Contractor - Level 2	\$500,000 per occurrence
Residential Locksmith Services Contractor	\$100,000 per occurrence	Commercial Developer	\$500,000 per occurrence
Home Inspector Services Contractor	\$100,000 per occurrence		
Home Services Contractor	\$100,000 per occurrence		
Home Energy Performance Score Contractor	\$100,000 per occurrence		