



**Department of Consumer & Business Services  
Insurance Division — 4**

P.O. Box 14480, Salem, OR 97309-0405  
350 Winter St. NE, Salem, Oregon 97301-3883  
Phone: 503-947-7982, Fax: 503-378-4351  
E-mail: dcbs.inmail@state.or.us  
insurance.oregon.gov

**Qualifying Bond for  
Legal Expense  
Organization**

Federal identification number: \_\_\_\_\_

\_\_\_\_\_ of  
\_\_\_\_\_, as principal, and

Street City State ZIP

\_\_\_\_\_ of  
\_\_\_\_\_, as surety,

Street City State ZIP

jointly and severally bind ourselves to the Insurance Commissioner of the State of Oregon, and all successors of the Insurance Commissioner, on behalf of and for the protection of Oregon members of all legal expense plans of the principal, in the penal sum of \_\_\_\_\_ in binding ourselves, we also bind our heirs, personal representatives, successors, and assigns.

The principal has applied to the Insurance Commissioner for a certificate of registration to operate a legal expense organization as provided by ORS 750.505 to 750.715. This obligation is for the benefit of any person or persons sustaining an actionable injury or loss arising from the failure of the legal expense organization to faithfully perform its obligations to its members or to providers with whom it has contracted, and is subject to action thereon by any such person or persons for such purposes in the event of insolvency or impairment of the legal expense organization.

If a certificate of registration is issued to the principal, and if the principal and the agents, servants, and employees of the principal comply with the legal expense plans, membership agreements, and provider agreements and faithfully furnish the prepaid services sold or offered for sale by the principal, and pays any fines, fees, and penalties imposed upon it, this obligation shall be void. Otherwise, this obligation shall remain in full effect until canceled pursuant to ORS 750.685.

\_\_\_\_\_  
\_\_\_\_\_

Signature of principal

\_\_\_\_\_  
Date

Signature of surety

by \_\_\_\_\_

Signature of attorney-in-fact

\_\_\_\_\_  
Date

Name of  
countersignor \_\_\_\_\_

Title Attorney in Fact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Oregon Insurance Commissioner

\_\_\_\_\_  
Date

(This bond must be accompanied by a power of attorney from the surety to the attorney-in-fact specifying the authority of the attorney-in-fact.)

