



e-Proof Application Instructions

Incomplete or incorrect applications will be delayed or denied.

To be granted access to E-Proof, agents **must** enter information for every single field below (with the exception of a fax number) and return it to the CCB's office.

Common mistakes or fields left blank are:

- Incorrect OR # or "N/A" provided for OR #
- Incorrect agency license #
- Incorrect agent license #
- Other state license number provided in Oregon # field
- NPN (National Producer Number) instead of Oregon license #
- Unsigned by owner
- Unsigned by agent

Again, **all requested information below must be provided.** Incomplete applications will delay approval or be denied.



CONSTRUCTION CONTRACTORS BOARD

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E-Proof

ACCESS APPLICATION FOR AGENT ONLINE INSURANCE ENTRY

In order to be granted access to E-Proof, agents must fill out this form completely and return it to the CCB's office.

ALL requested information below must be provided. Incomplete applications will delay approval

Agent's Information

Agent's Full Name as licensed in **Oregon** * Agent's **Oregon** License # * (not NPN)

Agent's Address * City * State * Zip Code *

Phone Number * Fax Number (optional) E-mail Address *

Agent's Certification Statement

1. I certify under penalties of perjury that the information provided is complete and correct.
2. I understand that the CCB has the right to deny this application, with no reason given.
3. I understand that if accepted, I certify that I will not provide my password to anyone.
4. I understand that the CCB has the right to revoke my access at any time without prior notification.

Signature of Agent *

Date *

Insurance Agency Information

Agency Name * Agent's **Oregon** License # * (not NPN)

Agency Owner's Full Name *

Agency Physical Address * City * State * Zip Code *

Phone Number * Fax Number (optional) E-mail Address *

Agency's Certification Statement

1. I certify under penalties of perjury that the information provided above is correct.
2. I certify that the agent listed on the reverse side has the authority to provide the CCB with evidence of general liability insurance on behalf of my agency.
3. I agree that I will immediately provide written notification to the CCB if the agent is no longer in my employment or is no longer authorized to provide evidence of insurance on behalf of my agency.

Signature of Agency Owner *

Date *