



CONSTRUCTION CONTRACTORS BOARD

P.O. Box 14140 Salem, OR 97309-5052
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Email: ccb.info@ccb.oregon.gov
www.oregon.gov/ccb



E-Proof

ACCESS APPLICATION FOR AGENT ONLINE INSURANCE ENTRY

Instructions: In order to be granted access to E-Proof, CCB's online insurance entry program, insurance agents must fill out this form completely and *mail* or *fax* it to the CCB's office. Save the login link for future use. **ALL** requested information must be provided to process your application.

Agent's Information

Agent's Name (First, Middle & Last)		Agent's OR License #	
Agent's Address	City	State	Zip Code
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Phone Number	Fax Number	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 <i>(Required)</i>	Date
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Insurance Agency Information

Agency Name		Agency OR License #	
Agency Owner's Name			
Agency Physical Address	City	State	Zip Code
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Phone Number	Fax Number	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 <i>(Required)</i>	Date
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