

CONSTRUCTION CONTRACTORS BOARD (CCB)
PO BOX 14140, SALEM OR 97309-5052
Phone 503-378-4621
Fax 503-373-2007

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 CCB. **All** requested information must be provided.

Agent's Information

Agent's Name (First, Middle, Last)

Agent's License No.

Agent's Address

City, State, Zip Code

(_____) _____
Agent's Phone Number

(_____) _____
Agent's Fax Number

Agent's E-mail Address

This e-mail address will be your login name

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_____
Agency License No._____
Agency Owner's Name_____
Agency Address_____
City, State, Zip Code

(_____) _____

Agency Phone Number

(_____) _____

Agency Fax Number

Address_____
Agency E-mail**Insurance 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

