



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1908 LAHA AVE NE, SALEM OREGON 97314

SURETY BOND

▼ BOND NUMBER ▼

NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

LET IT BE KNOWN:

THAT _____
(INDIVIDUAL NAME OF THE OWNER, ALL PARTNERS OR MEMBERS; OR NAME OF CORPORATION)

DOING BUSINESS AS _____
(BUSINESS NAME, GIVEN ON THE CERTIFICATE APPLICATION)

HAVING PRINCIPAL PLACE OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

_____ (ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND _____
(SURETY NAME)

_____ (ADDRESS, CITY, STATE, ZIP CODE) 866-282-6637
TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF _____ AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$15,000 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGN, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS AS A DEALER OR REBUILDER OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.030(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELLED PURSUANT TO ORS 742.366.

THIS BOND IS EFFECTIVE _____, _____ AND EXPIRES _____, _____ (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH.)

ANY ALTERATION VOIDS THIS BOND --

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS _____ DAY OF _____

SIGNATURE OF DEALER (OWNER/PARTNER/CORPORATE OFFICER)	TITLE
SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)	TITLE Attorney-In-Fact

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:	PLACE SURETY SEAL BELOW
IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:	
NAME	TELEPHONE NUMBER
	866-282-6637
ADDRESS	
CITY, STATE, ZIP CODE	

APPROVED BY ATTORNEY GENERAL'S OFFICE

DEALER LIABILITY INSURANCE

General Information

WHAT IS NEEDED: ORS 822.033 requires a dealer to carry vehicle liability insurance coverage for their dealership. A Certificate of Insurance must be filed with DMV each time a dealer applies for a new or renewal business certificate.

AMOUNTS OF COVERAGE: ORS 806.070 requires the policy to provide coverage in the amounts of \$25,000 for each person, \$50,000 for each accident and \$10,000 for property damage. ORS 806.040 requires the policy to provide for the payment of judgements.

ADDITIONAL STIPULATIONS: ORS 822.033 requires that the coverage provide each of the following:

- * The policy must cover ALL MOTOR VEHICLES manufactured, owned, operated, used or maintained by, or under the control of the named insured.
- * The policy must cover ALL PERSONS who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured.
- * The insurer must give written notice of ANY CANCELLATION of the policy to the Business License Unit.

The insurer shall CONTINUE TO BE LIABLE under the policy until DMV receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later.

TERM OF COVERAGE: The dealer must maintain coverage throughout the one-year period covered by their business certificate. If the policy lapses for any reason, the dealer must file a new Certificate of Insurance providing continuous coverage with DMV or the dealer's business certificate will be cancelled.

EXEMPTION: ORS 822.033(3) states a dealer is exempt from the requirement to file a Certificate of insurance if they deal exclusively in certain types of vehicles. To get the exemption, a dealer must file a *Certificate of Exemption*, Form 7357024. To request a Form 7357024, call DMV Business License Unit at 945-5052. All Certificates of Exemption are subject to approval upon review by DMV.

CERTIFICATE OF INSURANCE

TO BE COMPLETED BY INSURANCE COMPANY LICENSED TO DO BUSINESS IN OREGON

VEHICLE LIABILITY INSURANCE POLICY NUMBER

A BINDER IS NOT ACCEPTABLE

EFFECTIVE DATE

EXPIRATION DATE

INSURANCE COMPANY NAME (NOT AGENT)

PHONE NUMBER

INSURANCE COMPANY ADDRESS

CITY, STATE, ZIP CODE

THIS POLICY IS ISSUED TO (NAME OF DEALER, PARTNERS, OR CORPORATION NAME)

WITNESS NAME OF THE DEALERSHIP

I CERTIFY THAT THE FOLLOWING IS TRUE AND CORRECT. The above described policy has been issued and provides liability limits of coverage required under ORS 806.070; provides for payment of judgements of the type described in ORS 806.040; covers all motor vehicles manufactured, owned, operated, used or maintained by, or under the control of the named insured; covers all persons who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured; the insurer shall give written notice of any cancellation of the policy to DMV Business License Unit; the insurer shall continue to be liable under the policy until DMV receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later.

It is a crime, under ORS 162.085 to certify the truth of a statement when you know it is not true. Such a crime is a Class B misdemeanor and is punishable by a jail sentence of up to six months, a fine of up to \$1,000 or both.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER

DATE

SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE

INSURER'S STAMP OR SEAL

X